

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5063
639

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>639</u>	
1. PLACE OF DEATH General Hospital #2 a. COUNTY <u>Jackson Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ladayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett City</u>		c. LENGTH OF STAY (in this place) <u>4 MOS-5 DYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington, Mo. 65400</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 2</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u> b. (Middle) <u>Jane White</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2/9/50</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>6/15/77</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hour _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Henrietta, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Yes</u> U.S.
13a. FATHER'S NAME <u>Charley White</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>William White</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mattie Price Smith 2330 Brooklyn</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4/11/49</u> to <u>2/9/50</u> , that I last saw the deceased alive on <u>2/9/50</u> , 19 <u>50</u> , and that death occurred at <u>9:35 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Frank Estes MD</u> (Degree or title)				23b. ADDRESS <u>600 E. 22nd st. K.C. Mo.</u>		23c. DATE SIGNED <u>2/9/50</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) _____		24b. DATE <u>2/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellington, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Wellington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-10-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin Shippard Wellington</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Blair Shppard* _____

Licensed Embalmer No. *4179* _____

P. O. Address *Wilmington, N.C.* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.