

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17207

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3230 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY Jefferson	
b. CITY OR TOWN Festus, Mo.	c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus	
d. FULL NAME OF HOSPITAL OR INSTITUTION 727 Moore St.		d. STREET ADDRESS (If rural, give location) 727 Moore St.	

3. NAME OF DECEASED (Type or Print) Charles J. White			4. DATE OF DEATH (Month) (Day) (Year) Mar. 7, 1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 24, 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 1 Days 13	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney	10b. KIND OF BUSINESS OR INDUSTRY Law Office	11. BIRTHPLACE (State or foreign country) Kimmswick, Mo	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John H. White	13b. MOTHER'S MAIDEN NAME Eliza L. Hunt	14. NAME OF HUSBAND OR WIFE Divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME E. J. White	ADDRESS Kimmswick, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic valvular heart disease		INTERVAL BETWEEN ONSET AND DEATH 2 Wks, 2 days
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 4, 1950, to March 7, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 6:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence C. Crosby - D.O.	23b. ADDRESS 111 A Main St. Festus, Mo.	23c. DATE SIGNED March 8, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 9, 50	24c. NAME OF CEMETERY OR CREMATORY Richardson Cem.	24d. LOCATION (City, town, or county) (State) Near Beck, Mo.
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DATE REC'D BY LOCAL REG. March 8, 1950	REGISTRAR'S SIGNATURE Clarence Bellmiller	25. FUNERAL DIRECTOR'S SIGNATURE Heiligtas	ADDRESS Funeral Home Kimmswick, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-11-50

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

Matthew W. Heiligtag

Licensed Embalmer No. _____

3872

P. O. Address _____

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.