

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20942
Registrar's No. 196

BIRTH NO. 42327-50 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

56944

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place) 3 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra	
		d. STREET ADDRESS (If rural, give location) 306 North Spring	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Michael c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) June 7 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	
8. DATE OF BIRTH June 5, 1950		9. AGE (In years last birthday) 2		IF UNDER 1 YEAR 2 Months 2 Days	
IF UNDER 24 HRS. Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Harold White		13b. MOTHER'S MAIDEN NAME Bettie Thomas		14. NAME OF HUSBAND OR WIFE Infant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Harold White	
				ADDRESS Palmyra, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage			
		DUE TO (c) Birth Trauma & Prematurity Premature birth 4 lbs 3 months at birth.			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7605

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) (m.)		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 5 June, 1950, to 7 June, 1950, that I last saw the deceased alive on 7 June, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wyneth Nambin, M.D.		23b. ADDRESS Palmyra, Missouri		23c. DATE SIGNED 10 June 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 8, 1950		24c. NAME OF CEMETERY OR CREMATORY Palmyra Cemetery	
				24d. LOCATION (City, town, or county) (State) Palmyra, Mo.	
DATE REC'D BY LOCAL REG. 6-13-50		REGISTRAR'S SIGNATURE Dr. E. M. Luce		FUNERAL DIRECTOR'S SIGNATURE By We Fisher ADDRESS Palmyra, Mo.	

RECEIVED JUN 17 1950
MARION CO. HEALTH DEPT.
DATE FILED JUN 19 1950

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.

Not Embalmed

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. _____

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.