

FILED SEP. 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30967

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Highlandville, Missouri</b> 0920	
c. LENGTH OF STAY (in this place) <b>114 days</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Ned</b> c. (Last) <b>White</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 13 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10-1-1918</b>	9. AGE (In years last birthday) <b>31</b>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Highlandville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James Willis White</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Martin</b>	14. NAME OF HUSBAND OR WIFE <b>Hazel Russell White</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>555-14-2125 NO.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Ann Wilson, Mt. Vernon, Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Abt. 6 mths</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anaplastic Carcinoma</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchogenic CA of the lung</b> DUE TO (c) <b>(Supp report)</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>162X</b>

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) m.	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 5-22, 1950, to 9-13-, 1950, that I last saw the deceased alive on 9-13-, 1950, and that death occurred at 4:27 pm, from the causes and on the date stated above.

23a. SIGNATURE <b>C. G. Brasler M.D.</b> (Degree or title)	23b. ADDRESS <b>Mt. Vernon, Mo.</b>	23c. DATE SIGNED <b>9-13-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-16-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HIGHLANDVILLE</b>	24d. LOCATION (City, town, or county) (State) <b>HIGHLANDVILLE MO.</b>
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DATE REC'D BY LOCAL REG. <b>Sept 16, 1950</b>	REGISTRAR'S SIGNATURE <b>Cecil Hendricks</b> 411	25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Lewis</b> <b>Cleveland, Mo.</b>	ADDRESS
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(Licensed Embalmer - Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED SEP 18 1950

Dist. File 950-1908

Date Filed 9-19-50

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

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*John Dean Harris*

Licensed Embalmer No. 4390

P. O. Address. *Cleves, Mo.*

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.