

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31089**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **4320** Registrar's No. **42**

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 OR TOWN Palmyra		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra	
c. LENGTH OF STAY (in this place) 11 Yrs		d. STREET ADDRESS (If rural, give location) 421 E. Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Shepherd c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) Aug. 26 50		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-12-1891	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Gen. trucking		11. BIRTHPLACE (State or foreign country) Perryville Illinois	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Joseph White		13b. MOTHER'S MAIDEN NAME Ida Davis		14. NAME OF HUSBAND OR WIFE Blanche Gray White	
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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) unknown		16. SOCIAL SECURITY NO. 567-07-7801		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Nellie Davis Palmyra, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteosarcoma of jaws (left)			INTERVAL BETWEEN ONSET AND DEATH 2 years
		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.			196X

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)		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 **January 1950** to **Aug. 26, 1950**, that I last saw the deceased alive on **Aug. 25, 1950**, and that death occurred at **5³⁰** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. H. ...		23b. ADDRESS Palmyra, Mo.		23c. DATE SIGNED 8/26/1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 28 1950		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.		24d. LOCATION (City, town, or county) (State) Palmyra Mo.	
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DATE REC'D BY LOCAL REG. 8/29/50		REGISTRAR'S SIGNATURE Dr. E. M. Lude		FUNDRAISER'S SIGNATURE Bro. ...		ADDRESS Palmyra Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 26 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 26 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.

Signed _____

Robert Lewis

Signed _____
Student Embalmer

Licensed Embalmer No. _____

7362

P. O. Address _____

Palmyra, 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.