

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33918**
Registrar's No. **138**

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5577		Registrar's No. 138	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township) Galesburg		c. LENGTH OF STAY (In this place) 6 months		c. CITY (If outside corporate limits, write RURAL and give township) Rich Hill		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Galesburg				d. STREET ADDRESS (If rural, give location) Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) RANDOLPH		c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) October 10, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 25, 1865	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR (Months) (Days) 11/15		IF UNDER 4 HRS. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber			10b. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J.R. White			13b. MOTHER'S MAIDEN NAME Nancy Snodgrass			14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George White Galesburg, Mo.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia					INTERVAL BETWEEN ONSET AND DEATH 36 hours Years 7 days
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) (Min.)		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 3/17/1950 to 10/10/1950 , that I last saw the deceased alive on 10/10/1950 and that death occurred at 2 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. D. O'Quinn (Degree or title) D.O.				23b. ADDRESS Alba, Mo.		23c. DATE SIGNED 10/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-12-50		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Rich Hill, Missouri	
DATE REC'D BY LOCAL REG. Oct 16 - 50		REGISTRAR'S SIGNATURE J. L. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Booth Funeral Home Rich Hill, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

490
1

RECEIVED 10-24-50

Jasper County Health Office

County File Number 50-10-766

Date Filed 10-24-50

[Handwritten mark]

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 *Leonard J. Lewis*

Licensed Embalmer No. 4561

P. O. Address *Wills City, 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.