

FILED OCT 27 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34539**

0940
2

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>342</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Farmington</u>		c. LENGTH OF STAY (in this place) <u>4 Yr/Mo/2 Das</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Naylor</u>		<u>0910</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>FANNIE</u>		a. (First)		b. (Middle) <u>S.</u>		c. (Last) <u>WHITE</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>December 19, 1866</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Harelson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Read</u>		14. NAME OF HUSBAND OR WIFE <u>Robert W. White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u> ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Senility and fractured left hip (9-13-50).</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Psychosis with cerebral arteriosclerosis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>abt. 4 das.</u> <u>2-9030</u> <u>21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital ward</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Farmington, St. Francois, Missouri</u>		<u>094</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Sept. 13, 1950, 1:20 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient lost balance and fell.</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1949</u> , to <u>Oct. 14, 1950</u> , that I last saw the deceased alive on <u>Oct. 14, 1950</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John A. Bennett M.D.</u> (Degree or title)				23b. ADDRESS <u>Farmington, State Hospital No. 4, Mo.</u>		23c. DATE SIGNED <u>10-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairdealing Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley Co., Naylor, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 20, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home, Naylor, Missouri</u> ADDRESS			

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 23 1950

RECEIVED

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *Paul H. Dugal*

Licensed Embalmer No. 4120

P. O. Address Larimore, Tenn 380

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.