

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1951

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>					
b. CITY OR TOWN <u>Peplov Bluffs</u>		c. LENGTH OF STAY (in this place) <u>3 Week</u>		c. CITY OR TOWN <u>Piedmont Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1110</u>					
3. NAME OF DECEASED (Type or Print) <u>Ivalee White</u>			a. (First) <u>Ivalee</u> b. (Middle) <u>White</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1951</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Nov. 21 1910</u>			
						9. AGE (in years last birthday) <u>40</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wayne Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>		
13a. FATHER'S NAME <u>Isom Bounds</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Elvira Malloy</u>			14. NAME OF HUSBAND OR WIFE <u>Asa F 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></u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Asa F. White Piedmont Mo.</u>				
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					INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>					<u>6 mo</u>		
		ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma cervix</u>					<u>18 mo</u>		
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS. <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					<u>171x</u>		
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 <u>7-3</u> , 19 <u>49</u> to <u>1-4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-10</u> / 19 <u>51</u> , and that death occurred at <u>3:20 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. M. Miller M.D.</u>				23b. ADDRESS		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 6-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenville</u>		24d. LOCATION (City, town, or county) (State) <u>Greenville Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan 7-1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>William Godwin Piedmont Mo.</u>					

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

124
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RECEIVED

JAN 16 1981

BUTLER CO. HEALTH CENTER

FILE No. 151-18

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.....

Coder Funeral Home

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed William Coker

Licensed Embalmer No. 3723

P. O. Address Ridgmont, Md

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.