

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1951

State File No. **2107**

3053

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 5059		Registrar's No. 12		
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps				
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. LENGTH OF STAY (in this place) (4) Months		c. CITY (If outside corporate limits, write RURAL and give township) Rolla - Rural - Dillon Twp.		d. STREET ADDRESS (If rural, give location) Dillon Township		
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home								
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Jefferson c. (Last) Whites			4. DATE OF DEATH (Month) (Day) (Year) January 22, 1951					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 2, 1857	9. AGE (In years last birthday) 93	10. UNDER 1 YEAR Days 7	10. UNDER 1 YEAR Days 20	10. UNDER 1 YEAR Hours 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming Business		11. BIRTHPLACE (State or foreign country) Winston County, Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME William Whites			13b. MOTHER'S MAIDEN NAME Mary Bledheart		14. NAME OF HUSBAND OR WIFE Jennie E. Livingston Whites			
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 William Frank Whites				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chs myocarditis					INTERVAL BETWEEN ONSET AND DEATH 20 3/4 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) _____					4222	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility						
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 Jan 21, 1951 , to Jan 22, 1951 that I last saw the deceased alive on Jan 22, 1951 , and that death occurred at 6:00 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE E. E. Fain				23b. ADDRESS Box 534 Rolla Mo		23c. DATE SIGNED 1-24-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE January 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery		24d. LOCATION (City, town, or county) (State) Phelps County Missouri		
DATE REC'D BY LOCAL REG. 1-24-51		REGISTRAR'S SIGNATURE Nadine L. Steele		380		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Stacey		
						ADDRESS 1100 Elm Street Rolla, Missouri		

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

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 2/2/51

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 _____

Jerry D. Doane

working under my personal supervision.

Student Embalmer No. 382

Signed Jerry D. Doane
Student Embalmer

Signed J. H. Wallace
Licensed Embalmer No. 3643

P. O. Address P. O. Box 465, Rolla, 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.