No. 300
10.46

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3912

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 165

117

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: DeKalb
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maysville
d. STREET ADDRESS (If rural, give location):

0320 1

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle): Christine
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1951

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 3
8. DATE OF BIRTH: July 5, 1913
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Gillette, Wyoming 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Earl Ketchell
13b. MOTHER'S MAIDEN NAME: Mary Greer
14. NAME OF HUSBAND OR WIFE: Ray White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Hazel Wagers, St. Joseph, 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, 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) Cardiac Failure	6 hours
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Atypical Bulbar Poliomyelitis	33 hours
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		08[illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12, 1951, *to* 2-14, 1951, *that I last saw the deceased alive on* 2-14, 1951, *and that death occurred at* 4:47A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. P. Voorhees 2 D.O.
23b. ADDRESS: 823 Faraon St. Joseph, Mo.
23c. DATE SIGNED: 2-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/14/1951
24c. NAME OF CEMETERY OR CREMATORY: ----------
24d. LOCATION (City, town, or county) (State): Maysville, Missouri

DATE REC'D BY LOCAL REG.: Feb 16, 1951
REGISTRAR'S SIGNATURE: Carl C. Cas[illegible] 446
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Heaton Bowman Funeral Home, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 317 So. 10th, St. Jo

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.