

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 5209

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 37

0542  
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1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington	c. LENGTH OF STAY (In this place) 12 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Richmond Township 0890	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If rural, give location) 2 miles South of Richmond	

3. NAME OF DECEASED (Type or Print) a. (First) DOCIA b. (Middle) FORRESTINE c. (Last) WHITE	4. DATE OF DEATH Month Day Year March 7, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH August 29, 1897	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months 6	11. UNDER 1 YEAR Days 7	12. UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household duties	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George M. White	13b. MOTHER'S MAIDEN NAME Mollie A. Smithey	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Paul White, Richmond, Missouri	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 30 minutes  10 hours  16 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aspiration of vomitus DUE TO (c) Ingestion of undetermined poison		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 9718			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In home	21c. (CITY, TOWN, OR TOWNSHIP) Richmond (COUNTY) Ray (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 6 1951 12:30pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Apparently deliberate & self-administered
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22. I hereby certify that I attended the deceased from March 6, 1951, to March 7, 1951, that I last saw the deceased alive on March 6, 1951, and that death occurred at 5:30a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Melvin L. Maesterson, M.D.	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 3-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 7, 1951	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) Ray County, Missouri
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DATE REC'D BY LOCAL REG. March 7, 1951	REGISTRAR'S SIGNATURE M. E. Eastbrook	156	25. FUNERAL DIRECTOR'S SIGNATURE Therman Funeral Home	ADDRESS Richmond, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 3-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-12-51 \_\_\_\_\_

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**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, XXXX \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Tom L. Thurman \_\_\_\_\_

Licensed Embalmer No. 1563 \_\_\_\_\_

P. O. Address Richmond, 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.