S. No. 300
v. 10.48

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FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11792

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 132

**1. PLACE OF DEATH**
a. COUNTY Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (In this place) 24 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hos #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Montreau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) California 0687
d. STREET ADDRESS (If rural, give location) /

**3. NAME OF DECEASED** (Type or Print)
a. (First) GEORGE
b. (Middle)
c. (Last) WHITE

**4. DATE OF DEATH** (Month) (Day) (Year) April 30 1951

**5. SEX** M
**6. COLOR OR RACE** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Div 3
**8. DATE OF BIRTH** Nov 25 1875
**9. AGE** (In years last birthday) 75 — IF UNDER 1 YEAR: Months 4, Days 7 — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) farmer
**10b. KIND OF BUSINESS OR INDUSTRY** farm
**11. BIRTHPLACE** (State or foreign country) Cooper Co Mo
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.
**13a. FATHER'S NAME** Milton White
**13b. MOTHER'S MAIDEN NAME** Susie Beasley
**14. NAME OF HUSBAND OR WIFE** —
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) dk
(If yes, give war or dates of service) dk
**16. SOCIAL SECURITY NO.** dk
**17. INFORMANT'S SIGNATURE OR NAME** State Hos Records
**ADDRESS** Fulton 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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Asthma

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 4222
**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* 4-27, 1951, *to* 4-30, 1951, *that I last saw the deceased alive on* 4-30, 1951, *and that death occurred at* 1 10 m., *from the causes and on the date stated above.*

**23a. SIGNATURE** J C Caldwell
**(Degree or title)** M.D.
**23b. ADDRESS** State Hos Fulton Mo
**23c. DATE SIGNED** 4-30-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 5-2-1951
**24c. NAME OF CEMETERY OR CREMATORY** Glenstead
**24d. LOCATION** (City, town, or county) Glenstead
**(State)** Mo

**DATE REC'D BY LOCAL REG.** May 5-1951
**REGISTRAR'S SIGNATURE** Maretta Lawrence
426
**25. FUNERAL DIRECTOR'S SIGNATURE** A. E. Wilson
**ADDRESS** California Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1964
RECEIVED
MAY 7 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

.....

working under my personal supervision.

Student Embalmer No. .....

Signed: A. E. Wilson

Signed .....
Student Embalmer

Licensed Embalmer No. 235 P

P. O. Address California, 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.