

STANDARD CERTIFICATE OF DEATH

State File No. 15888

FILED JUN 5 1951

BIRTH NO. REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5193 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. Prarie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural.	
c. LENGTH OF STAY (in this place) 2 1/2 Years		d. STREET ADDRESS (If rural, give location) Norborne, Mo. RR. 3.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) D. c. (Last) White.			4. DATE OF DEATH (Month) (Day) (Year) May 23, 1951	
---	--	--	---	--

5. SEX Fem		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 14, 1865		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
-------------------	--	-------------------------------	--	---	--	---------------------------------------	--	---	--	-----------------------------	--	---------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work at Home.			10b. KIND OF BUSINESS OR INDUSTRY XX			11. BIRTHPLACE (State or foreign country) Rochester, New York, /			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
--	--	--	---	--	--	---	--	--	--	--	--

13a. FATHER'S NAME Durbin Davis.			13b. MOTHER'S MAIDEN NAME Adelia Wallace.			14. NAME OF HUSBAND OR WIFE None		
---	--	--	--	--	--	---	--	--

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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Miles, Norborne 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis						INTERVAL BETWEEN ONSET AND DEATH 6 mo -	
		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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 4222 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 **5-23-1951** to **5-23-1951**, that I last saw the deceased alive on **5-23-1951** and that death occurred at **3 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. C. Cole		23b. ADDRESS m. d. Norborne Mo.		23c. DATE SIGNED 5-24-51	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 25 1951		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		24d. LOCATION (City, town, or county) (State) Clearance Missouri	
--	--	------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 5/25/51		REGISTRAR'S SIGNATURE Margaret Koelter, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John G. Deitch Norborne	
---	--	---	--	---	--



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 me

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed John G. Deitch Jr.

Licensed Embalmer No. 4797

P. O. Address Norborne

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.