No. 300
10.48

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16236

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 463

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolivar 8841
d. STREET ADDRESS (If rural, give location): 436 South Clark

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

4. DATE OF DEATH (Month) (Day) (Year): May 22, 1951.

5. SEX: Male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 19, 1869
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 5, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Funeral Director
10b. KIND OF BUSINESS OR INDUSTRY: Funeral and Furniture Business
11. BIRTHPLACE (State or foreign country): Saline County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Sidney White
13b. MOTHER'S MAIDEN NAME: Martha Nichols
14. NAME OF HUSBAND OR WIFE: Helen Leona 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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. W. S. White — ADDRESS: Bolivar, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

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

DUE TO (b) Fracture, intertrochanteric, left femur — 1½ days

DUE TO (c) Arteriosclerotic heart disease with coronary sclerosis — [illegible] yrs

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

19a. DATE OF OPERATION: 5/22/51
19b. MAJOR FINDINGS OF OPERATION: Fracture, intertrochanteric left femur
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bolivar Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 21 1951 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Auto he was driving struck by trailer truck

22. *I hereby certify that I attended the deceased from* May 21, 1951, *to* May 22, 1951, *that I last saw the deceased alive on* May 22, 1951, *and that death occurred at* 11:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jesse D. Horton (Degree or title)
23b. ADDRESS: Springfield, Mo
23c. DATE SIGNED: 5/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23, 1951
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Bolivar, Missouri

DATE REC'D BY LOCAL REG.: 5-24-51
REGISTRAR'S SIGNATURE: W. E. Hundley, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Erwin and Blue Bolivar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.