

STANDARD CERTIFICATE OF DEATH

19943

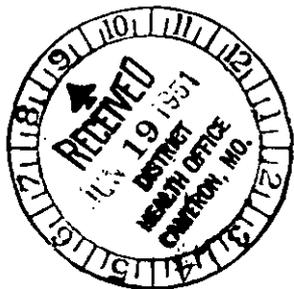
FILED JUN 22 1951

State File No.

3400

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

BIRTH NO. _____		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>5469</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>WASHINGTON</u> b. COUNTY <u>YAKIMA</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FRANKLIN TOWNSHIP</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>YAKIMA</u>		8460	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>107 1/2 NORTH 7th AVE.</u>			
3. NAME OF DECEASED (Type or Print), a. (First) <u>CARRIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>WHITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-12-1951</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 2</u>		8. DATE OF BIRTH <u>JUNE-20-1878</u>	
9. AGE (in years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		11. BIRTHPLACE (State or foreign country) <u>CHILLICOTHE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>DAN WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LEPPER</u>		14. NAME OF HUSBAND OR WIFE <u>MARK WHITE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY STOTTEMYRE Spickard MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>June 12, 1951</u> , to <u>June 14, 1951</u> , that I last saw the deceased alive on <u>June 12, 1951</u> , and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. W. Ewing M.D.</u> (Degree or title)				23b. ADDRESS <u>Spickard MO</u>		23c. DATE SIGNED <u>6-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE-16-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EDGEWOOD CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CHILLICOTHE MO.</u>	
DATE REC'D BY LOCAL REG. <u>6/16/51</u>		REGISTRAR'S SIGNATURE <u>Mrs Nathan Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCHOOLER FUNERAL HOME Spickard MO.</u>			



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ross Wise

Signed.....
Student Embalmer

Licensed Embalmer No. *3771*

P. O. Address.....

Spickard 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.