

FILED JUL 6 - 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4575 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan 1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Simpson Hosp		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Richard		b. (Middle) A		c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) 6 - 12 - 51	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 4-2-1877		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months 2 Days 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Orangeville Texas		12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME James White		13b. MOTHER'S MAIDEN NAME Mary L Harris		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) (If so, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Claude White - Milan 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary thrombus		INTERVAL BETWEEN ONSET AND DEATH 6-12-51
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile changes		
	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 465X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc., mo.)		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 6-12-1951, to 6-12-1951, that I last saw the deceased alive on 6-12-1951, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Simpson M.D.		23b. ADDRESS Milan Mo		23c. DATE SIGNED 6-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-14-51		24c. NAME OF CEMETERY OR CREMATORY Oakwood	
24d. LOCATION (City, town, or county) (State) Milan Mo		25. FUNERAL DIRECTOR'S SIGNATURE Schlaeger		ADDRESS Milan - Mo	
DATE REC'D BY LOCAL REG. June 29 - 1951		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		320	

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

Date Received: JUL 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1188
Date Filed: JUL 3 1951

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.....
Student Embalmer

Signed.....

Dwight Schram

Licensed Embalmer No. 2667

P. O. Address. Milan - 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.