

FILED OCT 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36029**No. 300
10. 48REG. #96875
XC- 561 405
BIRTH NO.REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **6076**Registrar's No. **3401 3207**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS	
c. LENGTH OF STAY (in this place) 51 DAYS		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) GLITSON b. (Middle) S. c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) 10-10-51	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-12-95
9. AGE (In years last birthday) 56 YRS	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE BROKER	11. BIRTHPLACE (State or foreign country) GAMIEL, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES J. WHITE	13b. MOTHER'S MAIDEN NAME MARY CHOAT	14. NAME OF HUSBAND OR WIFE EDITH WHITE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
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) CANCER OF LUNG 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 9-25-51	19b. MAJOR FINDINGS OF OPERATION CANCER OF LUNG	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) 163X	(COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	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 9-19-51 , 19__ to 10-10-51 , 19__, and that death occurred at 6:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE H. H. Zeller		23b. ADDRESS (Degree or title) M.D. VET ADM HOSP, JEFF BPKS, MO.	23c. DATE SIGNED 10-11-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-11-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) West Plains, Mo
DATE REC'D BY LOCAL REG. 10-11-51	REGISTRAR'S SIGNATURE Herbert R. Nombe	25. FUNERAL DIRECTOR'S SIGNATURE Hoppe ADDRESS 4700 Washington	

(Licensed Embalmers' Statement on Reverse Side)

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

APR 30 1958

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 *John P. Blann*

Signed
Student Embalmer

Licensed Embalmer No. *4194*

P. O. Address _____

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.