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U.S. No. 300
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FILED MAY 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DELAYED

State File No. 44338

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 244

1951
0124
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Doctors Hosp

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago 8120
d. STREET ADDRESS (If rural, give location): Unknown 8

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

4. DATE OF DEATH (Month) (Day) (Year): 10-13-51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-5-21
9. AGE (In years last birthday): 30 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oregon Co., Mo. U
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jim Overstreet
13b. MOTHER'S MAIDEN NAME: Irene Willard
14. NAME OF HUSBAND OR WIFE: Cecil R. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Cecil White, Chicago, Ill — ADDRESS:

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Brain Concussion
DUE TO (c) Pulmonary Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 091
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Alton (Ripley) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-11-51-3:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car Over Turned

22. *I hereby certify that I attended the deceased from* 10-11-, 1951, *to* 10-13-, 1951, *that I last saw the deceased alive on* 10-13, 1951, *and that death occurred at* 10:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 5-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-16-51
24c. NAME OF CEMETERY OR CREMATORY: Union Hill
24d. LOCATION (City, town, or county) (State): Oregon Co., Mo.

DATE REC'D BY LOCAL REG.: May 21-1951
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Robertson Funeral Home West Plains Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 27 1952
BUTLER CO. HEALTH CENTER
FILE No. 552-274

MAY 29 1952

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 Wallace N. Fitch

Signed.....
Student Embalmer

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.