

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9012**
Registrar's No. **144**

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **5688**

5580

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

1. PLACE OF DEATH a. COUNTY Linn			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bucklin Twp.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin Twp.		0580
d. FULL NAME OF HOSPITAL OR INSTITUTION none			d. STREET ADDRESS (If rural, give location) 4 1/2 miles N. of Marceline,		
3. NAME OF DECEASED (Type or Print) a. (First) Everett		b. (Middle) William	c. (Last) White	4. DATE OF DEATH (Month) (Day) (Year) Mar. 5, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 20-1904	9. AGE (In years last birthday) 47	10. IF UNDER 1 YEAR Days 14
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 (City and State or Foreign Country) Montgomery Co., Kansas	12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME W. F. White		13b. MOTHER'S MAIDEN NAME Belle Dixon		14. NAME OF HUSBAND OR WIFE Vodra White, Bucklin, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 110	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Everett White, Bucklin, Mo		
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) Acute Coronary Thrombosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Advanced Arteriosclerosis DUE TO (c) Chronic Diabetes mellitus and Int. Duplex 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 1 hour 5 yrs 5-6 yrs
19a. DATE OF OPERATION None	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) 583X			
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 1-15, 1949 to 3-5, 1952 , that I last saw the deceased alive on 2-5, 1952 , and that death occurred at 9:10 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE L. C. Enoch MD			23b. ADDRESS Buckfield Mo	23c. DATE SIGNED 3/8	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Wyandotte Cemetery	24d. LOCATION (City, town, or county) (State) N. of Marceline Mo.		
DATE REC'D BY LOCAL REG. 3-12-1952	REGISTRAR'S SIGNATURE Wendell Burkholder	25. FUNERAL DIRECTOR'S SIGNATURE James McLaughlin	ADDRESS Marceline, Mo.		

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 X

Student Embalmer No. X

working under my personal supervision.

Student X Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marion, 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.