

1952 MAY 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13679

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE ARK. b. COUNTY BENTON	
b. CITY (If outside corporate limits, write RURAL and give township) NEOSHO.		c. CITY (If outside corporate limits, write RURAL and give township) Sulphur Springs	
c. LENGTH OF STAY (In this place) 5 DAYS		d. STREET ADDRESS (If rural, give location) 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION SALE-MEMORIAL			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY. b. (Middle) MONROE. c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) 4-4-1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 1-9-1883
9. AGE (In years last birthday) 69		10. MONTHS 2 DAYS 25 HOURS MIN. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SAME	
11. BIRTHPLACE (State or foreign country) LUTHE-IOWA.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME S.T. WHITE		13b. MOTHER'S MAIDEN NAME LUCETTA-MAY.		14. NAME OF HUSBAND OR WIFE MAMIE WHITE.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. NONE.		17. INFORMANT'S SIGNATURE OR NAME MAMIE WHITE. SULPHUR SPRINGS, ARK	
17. ADDRESS SULPHUR SPRINGS, ARK					

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Pneumonia		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) _____ 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		19b. MAJOR FINDINGS OF OPERATION 490X		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)	
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 **3-30**, 19**52**, to **4-4**, 19**52**, that I last saw the deceased alive on **4-4**, 19**52**, and that death occurred at **2 1/2 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE F. F. White		(Degree or title) MD		23b. ADDRESS 223		23c. DATE SIGNED 5-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-7-52		24c. NAME OF CEMETERY OR CREMATORY BUTLER-CREEK		24d. LOCATION (City, town, or county) (State) SULPHUR SPRING, ARK.	
DATE REC'D BY LOCAL REG. 5-3-52		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE W. Humphrey Noel, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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

737

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 552-79

Date Filed MAY 9 1952

NEOSHO, MISSOURI

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Mayne E Humphrey

Licensed Embalmer No. 4262

P. O. Address Parisville, 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.