

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24724**
3188

No. 300
10.48

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

3

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri		c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksville E030		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1919 Cherry			d. STREET ADDRESS (If rural, give location) 804 Louise		
3. NAME OF DECEASED (Type or Print) a. (First) Garth		b. (Middle) Thomas		c. (Last) White	
4. DATE OF DEATH (Month) (Day) (Year) 7 14 52		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 10/5/1935		9. AGE (In years last birthday) 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (City and State or Foreign Country) Clarksville, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME W. C. White		13b. MOTHER'S MAIDEN NAME Irene Tinsley	
14. NAME OF HUSBAND OR WIFE - - - - -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Tom Reese, Clarksville, Arkansas		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest Injured Head. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Head. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Fast Refused		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clarksville Johnson MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-14-52 6:50 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Run Over by truck	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23. SIGNATURE High H. Owens, M.D. (Degree or title)			23b. ADDRESS 1034 Pinetop Blvd		23c. DATE SIGNED 7-14-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-14-52		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
24d. LOCATION (City, town, or county) (State) Clarksville, Arkansas		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS 1800 E. Linwood.	
DATE REC'D BY LOCAL REG. 7-14-52		REGISTRAR'S SIGNATURE Geraldine Holmes			

AUG 6 1962

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 Glen E. Park

Licensed Embalmer No. 4063

P. O. Address K. C. 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.