

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26952**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 109	
1. PLACE OF DEATH a. COUNTY Vernon 10802				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lawrence 0150			
b. CITY (If outside corporate limits, write RURAL and give township) Washington Township		c. LENGTH OF STAY (In this place) 1 year 4 days		c. CITY (If outside corporate limits, write RURAL and give township) Mount Vernon 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital 3-Nevada Mo				d. STREET ADDRESS (If rural, give location) unknown			
3. NAME OF DECEASED (Type or Print) a. (First) OSCAR -		b. (Middle) V		c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) Aug 4, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Feb 12, 1874	9. AGE (In years last birthday) 78	# UNDER 1 YEAR Months 5 Days 23	# UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) f. farmer		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Lawrence County Mo. O.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank White		13b. MOTHER'S MAIDEN NAME Baldwin		14. NAME OF HUSBAND OR WIFE Ada White			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital 3 Nevada Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart				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) Disease unknown					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis - simple deterioration					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) _____		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 July 31, 1951 , to Aug. 4, 1952 , that I last saw the deceased alive on Aug 4, 1952 , and that death occurred at 6:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul L. Barone, M.D.				23b. ADDRESS State Hospital 3 Nevada Mo		23c. DATE SIGNED Aug 4	
24a. BURIAL, CREMATION, REMOVAL (Specify) Reburial		24b. DATE 8-6-1952	24c. NAME OF CEMETERY OR CREMATORY Stahl		24d. LOCATION (City, town, or county) (State) S. W. of Miller Mo.		
DATE REC'D BY LOCAL REG. 8-6-52		REGISTRAR'S SIGNATURE Uma E. Ferris		25. FUNERAL DIRECTOR'S SIGNATURE Morris Lemmon		ADDRESS Miller Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 E. B. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.