

THE UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **27028**

FILED SEP 2 - 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>297</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u> <u>0013</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u> <u>05602</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KIRKVILLE</u>		c. LENGTH OF STAY (in this place) <u>13 m 8.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LEWISTOWN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXX</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>WHITE</u>	
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>21</u>		(Year) <u>1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 14, 1952</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 11 HRS. Days <u>7</u>		Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXXXXXXXXX</u>		11. BIRTHPLACE (State or foreign country) <u>HEDGE CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE WHITE</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA HUNSAKER</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA WHITE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BERTHA WHITE</u> ADDRESS <u>LEWISTOWN, MISSOURI</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u>	
		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. <u>Decomposed body - Cortic Arteriosclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>4201B</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 <u>8-20-52</u> , 19 <u>52</u> , to <u>8-21-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-20-52</u> , 19 <u>52</u> , and that death occurred at <u>7:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Blutey D.O.</u>		(Degree or title) <u>2</u>		23b. ADDRESS <u>Kirkville Mo</u>		23c. DATE SIGNED <u>8-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 23, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN, CEMETRY</u>		24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-25-52</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Arnold</u>		ADDRESS <u>51 Lewisstown Mo.</u>	

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

Charles L. Arnold, Jr.

Licensed Embalmer No. *4667*

P. O. Address *LEWISTOWN, 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.