

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37848**

FILED DEC 11 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>525</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>poplar Bluff</u>		c. LENGTH OF STAY (in this place) township) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine</u>		0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) g. (First) <u>Glutchen</u> b. (Middle) <u>E.</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 8 - 52</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 24, 1907</u>	9. AGE (in years last birthday) <u>45</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Conrad Boerster</u>		13b. MOTHER'S MAIDEN NAME <u>Anna M. Boenig</u>		14. NAME OF HUSBAND OR WIFE <u>Oades White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-36-5567</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oades White, Pine, Mo.</u>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial anoxemia</u> DUE TO (c) <u>Pericious anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hepatic insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Under</u> <u>18 years</u> <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2900</u>		20. AUTOPSY? YES <input 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>11-5-52</u> , to <u>11-8-</u> , 1952, that I last saw the deceased alive on <u>11-8-</u> , 1952, and that death occurred at <u>4:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert Engelhardt M.D.</u> (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 10 - 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Barren</u>		24d. LOCATION: (City, town, or county) (State) <u>Ripley, Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 26 - 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Hewitt Van Buren</u> ADDRESS <u>Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1124

RECEIVED  
DEC 9 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 1252-592

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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 Seaton Bewitt.....

Licensed Embalmer No. 2287.....

P. O. Address Van Buren.....

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.