

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9506

State File No. ....

FILED MAR 23 1953

BIRTH NO. ....		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>272</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2119 N. Brant</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLAY</u>		b. (Middle) <u>DAN</u>		c. (Last) <u>WHITE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-1953</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>Jan. 12, 1912</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Op.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J.D. White</u>		13b. MOTHER'S MAIDEN NAME <u>Isa Stout</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Gertie White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No. 519-07-5574</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gertie White Springfield Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES (b) <u>Valvular Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>Rheumatic Fever</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>sev. wks</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		414X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>June</u> , 19 <u>48</u> , to <u>Mar 15, 1953</u> that I last saw the deceased alive on <u>Mar 15, 1953</u> and that death occurred at <u>11:25A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Miss M.D.</u>				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>3-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-16-53</u>		REGISTRAR'S SIGNATURE <u>Erith Williamson Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Klingner &amp; Co Springfield Mo.</u>			

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

House

**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

*Max Rhodes*

Licensed Embalmer No. \_\_\_\_\_

*4071*

P. O. Address \_\_\_\_\_

*Springfield*

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.