

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12990

State File No.

FILED APR 8 1953		REG. DIST. NO. 338		PRIMARY REG. DIST. NO. 6148		Registrar's No. 08	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor		c. LENGTH OF STAY (in this place) years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor 1030			
d. FULL NAME OF HOSPITAL OR INSTITUTION at home of Son				d. STREET ADDRESS (If rural, give location) Bloomfield, Route #2			
3. NAME OF DECEASED (Type or Print) WILLIAM BARNETT WHITE			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 28, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH March 6, 1880	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rt. farmer		10b. KIND OF BUSINESS OR INDUSTRY crop farming		11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rt. farmer		10b. KIND OF BUSINESS OR INDUSTRY crop farming		11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William Henry White			13b. MOTHER'S MAIDEN NAME Louisa Vaughn			14. NAME OF HUSBAND OR WIFE Julia White, Deceased	
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 Shannon White, Bloomfield, Mo. R. #2			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary B ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
18a. 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)			
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 1947, to 8-26-1953 that I last saw the deceased alive on 3-27-1953 and that death occurred at 1: P.M. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) S. S. Davis M.D.				23b. ADDRESS Wester Mo.		23c. DATE SIGNED 3-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 30-53		24c. NAME OF CEMETERY OR CREMATORY North Antioch		24d. LOCATION (City, town, or county) (State) Stoddard Co, Missouri	
DATE REC'D BY LOCAL REG. April 3-1953		REGISTRAR'S SIGNATURE Rose Wehler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO. Bloomfield, 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, & by Lulu

Cooper # 3499

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Juan E. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.