

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21067**

FILED JUL 7-1953

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 47

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|--|-------------------------------|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> | |
| b. CITY OR TOWN <u>Smithville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>403 Locust</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Earnest</u> c. (Last) <u>White</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 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>Feb 1 1886</u> |
| 9. AGE (In years last birthday) <u>67</u> | | 10. MONTHS <u>4</u> DAYS <u>29</u> IF UNDER 1 YEAR | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Andrew White</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lottie Henry</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Lilly Mae White</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | |
| 16. SOCIAL SECURITY NO. <u>493-18-7705</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Chas. White</u> ADDRESS <u>Plattsburg 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</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. | |
| 19a. DATE OF OPERATION <u>9me</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>162X</u> | |
| 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) (Min.) | | 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>8-15</u> , 19 <u>50</u> , to <u>6-30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-29</u> , 19 <u>53</u> , and that death occurred at <u>3:05A</u> m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>E. B. [Signature]</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>Smithville, MO</u> | |
| 23c. DATE SIGNED <u>7-1-53</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24b. DATE <u>7-2-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BROTHERN CEMETERY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Clinton County MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u> ADDRESS <u>Plattsburg, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-2-53</u> | | REGISTRAR'S SIGNATURE <u>Marquerite Judgen</u> | |

(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 Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.