

STANDARD CERTIFICATE OF DEATH

State File No. **28022**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4099** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill	c. LENGTH OF STAY (in this place) 60 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION 326 McKessick		d. STREET ADDRESS (If rural, give location) 326 McKessick	

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Marion c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) 8 - 16 - 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-4-1873		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Humansville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William White		13b. MOTHER'S MAIDEN NAME Manda Smith		14. NAME OF HUSBAND OR WIFE Civaley WHITE	
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 Charley White	
ADDRESS Pleasant Hill, Mo.					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 20 yrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchiectasis		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. arteriosclerotic heart disease with heart block, partial						3 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none			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) 526 X		
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 3-27-1948, to 8-16-1953; that I last saw the deceased alive on 8-15-1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Hill, M.D.		23b. ADDRESS Pleasant Hill, Mo.		23c. DATE SIGNED 8-18-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-18-1953		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	
24d. LOCATION (City, town, or county) (State) Pleasant Hill, M.		25. FUNERAL DIRECTOR'S SIGNATURE Allen Brown, Inc.			
DATE REC'D BY LOCAL REG. 8-24-1953		REGISTRAR'S SIGNATURE Nora Barward		ADDRESS Pleasant Hill, Mo.	

No. 300 10.48
190
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 29 1941
CAS. COUNTY
HEALTH DEPARTMENT

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: *Allen Brownfield*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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.