

FILED OCT 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37699**
9897BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Missouri b. COUNTY Crawford	
b. CITY OR TOWN St. Louis City		c. CITY OR TOWN Cuba	
c. LENGTH OF STAY (in this place) Days		e. 2380 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Charles		b. (Middle) F.		c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) 10-15-1953							
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan 15, 1890		9. AGE (In years last birthday) 63	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker (N.E.)			10b. KIND OF BUSINESS OR INDUSTRY Real Estate Broker			11. BIRTHPLACE (State or foreign country) Darroll, Mo.			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Robert J. White				13b. MOTHER'S MAIDEN NAME Margaret Ann Taylor				14. NAME OF HUSBAND OR WIFE Bertha M. "Souders"					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John Robinson ADDRESS Richwood, Mo.							

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus.		DUPLICATE								6 days.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								1 year.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		none									

19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION'						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4:200					

22. I hereby certify that I attended the deceased from **10-10-1953**, to **10-15, 1953**, that I last saw the deceased alive on **10-14, 1953**, and that death occurred at **6:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Oliver J. Hammond M.D.		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 10/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-15-1953		24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery	
24d. LOCATION (City, town, or county) (State) Cuba, Mo.		DATE REC'D BY LOCAL REG. OCT 16 1953		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Beck C. Shuman		ADDRESS Cuba, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

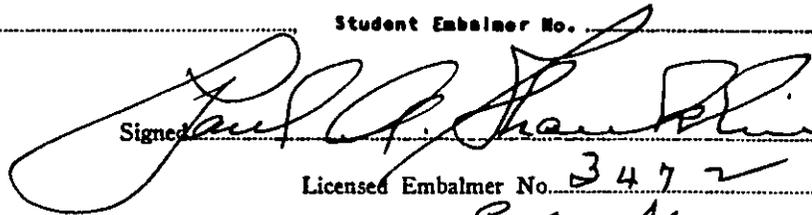
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3472

P. O. Address Sub. No.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.