

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5123

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>726</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Springer</u> <u>Fulton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1</u> da		c. CITY OR TOWN <u>Mammoth Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>914 Fuller</u>				e. STREET ADDRESS (If rural, give location) <u>2 No</u> <u>80368</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARMON</u>			b. (Middle)		c. (Last) <u>WHITE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2/15/54</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>		8. DATE OF BIRTH <u>1887</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MTH: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Joseph White</u>			13b. MOTHER'S MAIDEN NAME <u>Estelle Unknown?</u>			14. NAME OF HUSBAND OR WIFE <u>Nellie White (Dec)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Truman White, 914 Fuller K C Mo</u>		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cause of death unknown</u>						INTERVAL BETWEEN ONSET AND DEATH	
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						795	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION <u>Post Refused</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>Hugh H. Owens Coroner</u>					23b. ADDRESS <u>1034 Rialto Bldg.</u>			23c. DATE SIGNED <u>2-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>		24d. LOCATION (City, town, or county) (State) <u>Mammoth Springs, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>2-15-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil, K. C. Mo.</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.....
Signature of Student Embalmer

Signed..... *J.P. Shiel*

Licensed Embalmer No. *362*

P. O. Address *1100*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.