

FILED MAY 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16821

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Perry County Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 4152 West Pine 1	
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Addison c. (Last) White			4. DATE (Month) (Day) (Year) OF DEATH May 14, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 22, 1903
9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR Months 10	11. IF UNDER 1 YEAR Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing	11. BIRTHPLACE (State or foreign country) Wayne County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Albert C. White	
13b. MOTHER'S MAIDEN NAME Nora Belle Hinkle		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes Apr. 1925-Apr. 26		16. SOCIAL SECURITY NO. 494-09-2004	
17. INFORMANT'S SIGNATURE OR NAME Virginia Kinder		ADDRESS Fredericktown, Mo.	
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) Acute Pulmonary Edema, left INTERVAL BETWEEN ONSET AND DEATH 8-12 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, Rt Lung 1 yr DUE TO (c) Pneumocystis of Feb. 54 3 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X	
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) m.		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 4-29, 1954, to 5-14, 1954 that I last saw the deceased alive on 5-14, 1954 and that death occurred at 12:05 P.M., from the causes and on the date stated above.			
23a. SIGNATURE J. J. Zellner (Degree or title) M.D.		23b. ADDRESS Perryville, Mo.	
23c. DATE SIGNED 5-19-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/16/54		24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park	
24d. LOCATION (City, town, or county) (State) Madison County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Najim Funeral Home, Fredericktown, Mo.	
DATE REC'D BY LOCAL REG. May 20, 1954		REGISTRAR'S SIGNATURE Jos J. Zellner 250	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 27 1954

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 *Charles Melody*

Licensed Embalmer No. *4852*

P. O. Address *Fredricktown, 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.