

FILED JUL 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20006

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>152</u>		
1. PLACE OF DEATH a. COUNTY <u>PANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PANDOLPH</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u> <u>0883</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 N. MOULTON</u>				d. STREET ADDRESS (If rural, give location) <u>512 N MOULTON</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>WHITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24 1954</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 5 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>MONROE COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>JAMES E SHARP</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ARCHIE WHITE</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 ADDRESS <u>ARCHIE WHITE MOBERLY 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>Metastatic Carcinoma of lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Primary carcinoma of breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS... Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Parotitis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> <u>8 mo</u> <u>5 days</u>	
19a. DATE OF OPERATION <u>7-26-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</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>Mar 17</u> , 19 <u>54</u> , to <u>June 24</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>June 23</u> , 19 <u>54</u> , and that death occurred at <u>2 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clarence Clowers MD</u>				23b. ADDRESS <u>300 E. W. Road Moberly, Mo</u>		23c. DATE SIGNED <u>June 25 54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OATLAND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MOBERLY MO</u>		
DATE REC'D BY LOCAL REG. <u>6/26/54</u>		REGISTRAR'S SIGNATURE <u>Clarence Clowers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles D. Sherry</u>		ADDRESS <u>Clarence 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
Student Embalmer

Signed Charles V. Greening

Licensed Embalmer No. 4425

P. O. Address Clarens 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.