

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23541

State File No.

No. 300
10.48

FILED JUL 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5640</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lafayette</u>		b. STATE <u>Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Davis</u>		d. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Davis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Davis</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. E of Higginsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi. E of Higginsville</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. E of Higginsville</u>			
3. NAME OF DECEASED		a. (First) <u>CORA</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>WHITE</u>	
(Type or Print)		4. DATE OF DEATH		(Month) <u>7</u>		(Day) <u>15</u> (Year) <u>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>April 23 1881</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gery Rains</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>J. M. White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. L. White</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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cardiac decompensation</u>			
				DUE TO (c) <u>Arterio sclerotic heart disease</u>		<u>Years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>Higginsville</u>		(COUNTY) <u>Missouri</u>	
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 <u>March, 1950</u>, to <u>July 15, 1954</u>, that I last saw the deceased alive on <u>July 15, 1954</u> and that death occurred at <u>11:45 Am.</u>, from the causes and on the date stated above.							
23a. SIGNATURE <u>Therese Koppensburg</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Higginsville, Mo</u>		23c. DATE SIGNED <u>July 17, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 18 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 20-1954</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		154-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roy W. Weger</u>	
						ADDRESS <u>Higginsville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

540

APR 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.

Signed Roy F. Wiegman

Signed
Student Embalmer

Licensed Embalmer No. 2883

P. O. Address Higginsville, 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.