

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32831

State File No.

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6194 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Md</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Rural Sherrill</u>		c. CITY OR TOWN <u>Licking</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (if this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Wesley Licking Md</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice M.</u> b. (Middle) <u>White</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9, 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 9, 1885</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Richland Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Asa Craddock</u>		13b. MOTHER'S MAIDEN NAME <u>Jusan Harper</u>		14. NAME OF HUSBAND OR WIFE <u>Fred White (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u> (If yes, give war or dates of service) <u>E</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wilmer J White</u> ADDRESS <u>Marus Md</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>probable coronary occlusion instant</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
		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 <u>4201</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)		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 viewed the deceased from Sept 9, 1954, to _____, 19____, that I last saw the deceased alive on _____ and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James F. Neate, Coroner Calool, Mo.</u> (Degree or title)		23b. ADDRESS <u>Calool, Mo.</u>		23c. DATE SIGNED <u>9-9-54</u>	
24a. BUREAU OF CREMATION REMOVAL (Specify)		24b. DATE <u>9-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Caviness Cem</u>	
		24d. LOCATION (City, town, or county) (State) <u>Texas Co Mo</u>			

DATE REC'D BY LOCAL REG. <u>Sept. 13, 1954</u>		REGISTRAR'S SIGNATURE <u>Edwara Hesse</u> <u>324</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u> ADDRESS <u>Licking Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22

SEP 28

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 *Hubert E Ferguson*.....

Licensed Embalmer No. *391*.....

P. O. Address *Fickling*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.