

FILED JUN 20 1955

STANDARD CERTIFICATE OF DEATH

State File No.

17833

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 593

1. PLACE OF DEATH a. COUNTY <u>Buchanan,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ostlinson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u> <u>0080,</u>	
c. LENGTH OF STAY (In this place) <u>16 yrs. 7 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2,</u>			

3. NAME OF DECEASED (Type or Print) <u>ELSIE</u>			a. (First)		b. (Middle) <u>—</u>		c. (Last) <u>WHITE.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-11-1955.</u>				
5. SEX <u>Female.</u>		6. COLOR OR RACE <u>White,</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single.</u>		8. DATE OF BIRTH <u>9-16-1894.</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR (Month) (Day) (Year) <u>9 25</u>		IF UNDER 24 HRS. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfax, Missouri.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Edmond Hubbard White</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Minch.</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Augusta White, Fairfax, Missouri, R 0080</u>		ADDRESS	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage.</u>						<u>6 hrs.</u>	
		ANTECEDENT CAUSES							
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.							
		DUE TO (b) <u>Atherosclerosis.</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Embolism.</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 1-20-, 1950, to 6-11-, 1955, that I last saw the deceased alive on 6-11-, 1955, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Passius</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>State Hospital No. 2 St Joseph, Mo.</u>		23c. DATE SIGNED <u>6-11-1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairfax Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfax, Missouri</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 16, 1955</u>		REGISTRAR'S SIGNATURE <u>Bernard M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Schooler Funeral Home</u>		ADDRESS <u>Fairfax, Mo.</u>	
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WRITE PLAINLY—USING UNFAADING 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 E. Bennett*

Licensed Embalmer No. *H 677*

P. O. Address *St Joseph 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.