

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC-343 11 72
RN 102492
DIED NOV 18 1955

State File No. **36116**
Registrar's No. **586**

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 586	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN Piedmont		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital				e. STREET ADDRESS (If rural, give location) 1611 N. Winn			
3. NAME OF DECEASED (Type or Print) a. (First) Lee			b. (Middle) Roy		c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 10-31-55		9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Piedmont, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Irvin White		13b. MOTHER'S MAIDEN NAME Maggie Jones		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 WWII		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records			
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) Ulcer, duodenal, perforated ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 5411A II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis, pulmonary, chronic Moderately advanced, active.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 10-26-55		19b. MAJOR FINDINGS OF OPERATION Ulcer, duodenal, perforated.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA 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 Oct. 26, 1955, to Oct. 31, 1955 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ernest M. Tapp, M.D., Manager				23b. ADDRESS VAH, Poplar Bluff, Mo.		23c. DATE SIGNED 11-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-1-55	24c. NAME OF CEMETERY OR CREMATORY Piedmont Cem.		24d. LOCATION (City, town, or county) (State) Piedmont, Mo.		
DATE REC'D BY LOCAL REG. 11/3/55				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.			

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

RECEIVED
NOV 16 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

NOV 18 1955

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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 Wallace R. Knight

Licensed Embalmer No. 45-1
412
P. O. Address Windsor, Bk

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.