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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1955

State File No. 36236

BIRTH NO. 57205-55 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4098 Registrar's No. 165

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

1. PLACE OF DEATH a. COUNTY <b>CASS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CASS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELTON</b>		c. CITY OR TOWN <b>BELTON</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 mos</b>		• STREET ADDRESS (If rural, give location) <b>615 W. WALNUT 0190</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>615 W. WALNUT</b>			

3. NAME OF DECEASED (Type or Print) <b>DONALD CHRISTY WHITE II</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-4-55</b>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>
8. DATE OF BIRTH <b>8-3-55</b>	9. AGE (In years last birthday) <b>4</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 1 YEAR Days <b>1</b>	IF UNDER 24 HRS. Hours <b></b>	Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>DONALD C. WHITE</b>		13b. MOTHER'S MAIDEN NAME <b>ROSE BERRYMAN</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rose White</b>		ADDRESS <b>Belton Mo.</b>	
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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 <b>1 day</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Interstitial pneumonia</b>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>H92x</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 3, 1955**, to **Dec 4, 1955**, that I last saw the deceased alive on **Dec 3, 1955**, and that death occurred at **9:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Raymond J. Coffey M.D.</b>	23b. ADDRESS <b>1102 130th Mendonville Mo.</b>	23c. DATE SIGNED <b>Dec 5, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-5-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Quindora Indiana</b>
DATE REC'D BY LOCAL REG. <b>Dec 5 1955</b>	REGISTRAR'S SIGNATURE <b>Dora Barnard</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. T. Seeger &amp; Sons Inc Belton</b>	

RECEIVED  
DEC 12 1955  
HEALTH DEPARTMENT

1956: 6 - NYS

**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.....  
Licensed Embalmer No. 1911  
P. O. Address.....

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.