

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39624**

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 5084		Registrar's No. 110			
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Elkart)		c. LENGTH OF STAY (in this place) 80 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Elkart					
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 mi. E. Amsterdam				d. STREET ADDRESS (If rural, give location) 8 mi. E. Amsterdam					
3. NAME OF DECEASED (Type or Print) a. (First) Warren			b. (Middle)		c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) 12-9-55		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-31-1861		9. AGE (In years last birthday) 93	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Pettis Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George White			13b. MOTHER'S MAIDEN NAME Sally Hughes			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Cleve White, Stafford, Kans				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic hypotension</i>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbidity 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. 446x					
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) (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 1945 to 1955 that I last saw the deceased alive on 12-1 , 19 55 , and that death occurred at 9:30 p m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>E. E. Robinson M.D.</i>				23b. ADDRESS <i>A. Chain King</i>			23c. DATE SIGNED 12-10-55		
24a. BURIAL, CREMATION-REMOVAL (Specify) Burial		24b. DATE 12-11-55		24c. NAME OF CEMETERY OR CREMATORY Scott Cemetery		24d. LOCATION (City, town, or county) (State) Amsterdam, Mo.			
DATE REC'D BY LOCAL REG. 12-10-55		REGISTRAR'S SIGNATURE <i>Mendall K... 170</i>			25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold, Amsterdam, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

Robert H Mangold

Licensed Embalmer No.

4972

P. O. Address

Lacyne, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.