

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3818**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY <b>Boone Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY OR TOWN <b>Columbia</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Columbia</b>	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 <b>University Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>305 Oak, 010<sup>0</sup></b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Breman</b> b. (Middle) <b>Arthur</b> c. (Last) <b>White</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 25 56</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 10th 1901</b>
9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>College</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fayette Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>William White</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Cosby</b>	14. NAME OF HUSBAND OR WIFE <b>Francis White</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes world war II</b>	16. SOCIAL SECURITY NO. <b>486-12-6713</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Francis White Columbia Mo.</b>	
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>WKS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>malignant hypertension</b>		
	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		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)	<b>445X</b>
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 attended the deceased from <b>2 Jan 1956</b> , to <b>25 Feb, 1956</b> , that I last saw the deceased alive on <b>24 Feb, 1956</b> , and that death occurred at <b>545A</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Thomas W. Burns M.D.</b>		23b. ADDRESS <b>413 So. 6th Street</b>	23c. DATE SIGNED <b>2/25/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 29 - 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fayette</b>	24d. LOCATION (City, town, or county) (State) <b>Fayette Mo.</b>
DATE REC'D BY LOCAL REG. <b>Feb. 27 1956</b>	REGISTRAR'S SIGNATURE <b>Mrs R E Palmer 31-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stuart P. Parker Columbia Mo.</b>	

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

MAR 27 1958

**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 *Stuart P. Parker*.....

Licensed Embalmer No. *290*  
P. O. Address *Columbia*.....

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.