

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8828**  
Registrar's No. **230**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Brookline, Rt #1</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>4 days</b>		e. STREET ADDRESS (If rural, give location) <b>"Rural" Wilson Twsp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Handley Mem. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GERALD</b> b. (Middle) <b>LEAFORD</b> c. (Last) <b>WHITE</b>			4. DATE OF DEATH <b>March 10, 1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>June 1, 1929</b>	9. AGE (In years last birthday) <b>26</b>	IF UNDER 1 YEAR <b>9</b> Days	IF UNDER 24 HRS. <b>9</b> Hours <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. &amp; Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hurley, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Richard White</b>	13b. MOTHER'S MAIDEN NAME <b>Ethel Wilson</b>	14. NAME OF HUSBAND OR WIFE <b>Faye McEntire</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>	16. SOCIAL SECURITY NO. <b>490-28-4492</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ethel White, Rt. #1, Brookline, Mo.</b>	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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant Hypertension</b>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		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.		

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)
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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?
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22. I hereby certify that I attended the deceased from Mar 6, 1956, to Mar 10, 1956, that I last saw the deceased alive on Mar 10, 1956, and that death occurred at 11:25 a., from the causes and on the date stated above.

23a. SIGNATURE <b>Leman D. Brown</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>307 1/2 College</b>	23c. DATE SIGNED <b>3/13/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-14-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stone County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-15-56</b>	REGISTRAR'S SIGNATURE* <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sheila Harris</b>	ADDRESS <b>Clever, Mo.</b>
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WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed.....*J. Mean Harris*.....

Licensed Embalmer No. *4390*

P. O. Address *Cleves, M*

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.