

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14384**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre	c. LENGTH OF STAY (in this place) 25 yrs.	c. CITY OR TOWN Bonne Terre	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 (If not in hospital or institution, give street address or location) 305 Middle Street		• STREET ADDRESS (If rural, give location) 305 Middle Street 0940	

3. NAME OF DECEASED (Type or Print) a. (First) Margarette b. (Middle) Kathern c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) May 4, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 4-19-1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country). Bonne Terre R.R.#2, Mo.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Milton House		13b. MOTHER'S MAIDEN NAME Isabell Gore		14. NAME OF HUSBAND OR WIFE Richard White (Dec)	
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 ADDRESS Mrs. Bertha Lindsay - Bonne Terre	

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) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 13 1/2 25 3/4	
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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) 4222	
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 4-1-1956 to 5-4-1956 that I last saw the deceased alive on 5-3-1956 and that death occurred at 12:15 m., from the causes and on the date stated above.

23a. SIGNATURE D. J. Evans MD		(Degree or title) MD		23b. ADDRESS Bonneterra Mo		23c. DATE SIGNED 5-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 7, 1956		24c. NAME OF CEMETERY OR CREMATORY Germania Cemetery		24d. LOCATION (City, town, or county) (State) Bonne Terre RR #1 Mo.	

DATE REC'D BY LOCAL REG May 7, 1956		REGISTRAR'S SIGNATURE Ether Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.Z. Boyer & Son Desloge, Mo	
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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... *C. Z. Boyer*

Licensed Embalmer No. *1677*

P. O. Address *Dealoge*

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.