

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1956

FILED JUN 27 1956

State File No.

BIRTH NO. REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. LENGTH OF STAY (in this place) 2 Wks	
d. FULL NAME OF HOSPITAL OR INSTITUTION 814 Frisco St.		e. ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print) Emma			a. (First)			b. (Middle)			c. (Last) White			4. DATE OF DEATH June 18 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 1868			9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 5 Days 16		IF UNDER 24 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kept house at home				10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (City and State or Foreign country) Lawrence County, Verona, Mo. U.S.				12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Alfred White			13b. MOTHER'S MAIDEN NAME Clarissa Young			14. NAME OF HUSBAND OR WIFE None		
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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 Mrs. Rose White, Monett, Mo.				ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Cerebral thrombosis						INTERVAL BETWEEN ONSET AND DEATH 1 day	
		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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 58		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 Apr 15, 1955, to 6-18, 1956, that I last saw the deceased alive on 6-5-, 1956 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE F. L. Edwards M.D.		23b. ADDRESS Monett, Mo		23c. DATE SIGNED 6-20-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-21-1956		24c. NAME OF CEMETERY OR CREMATORY Lee Cemetery		24d. LOCATION (City, town, or county) (State) Verona, Mo.	
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DATE REC'D BY LOCAL REC. 6-21-56		REGISTRAR'S SIGNATURE Mrs P. N. Cook		25. FUNERAL DIRECTOR'S SIGNATURE Mercer Funeral Home, Monett, Mo.		ADDRESS	
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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 656-103

DATE REC. 6-25-56

JUN 27 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ray H. Mercer

Licensed Embalmer No. 44

P. O. Address Monett,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.