

FILED AUG 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26016**

| | | | | | | | |
|---|----------------------------------|---|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 34 | | PRIMARY REG. DIST. NO. 4045 | | Registrar's No. 6 | |
| 1. PLACE OF DEATH a. COUNTY Boone | | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Boone | | | |
| b. CITY OR TOWN Ashland | | c. LENGTH OF STAY (in this place) Life | | c. CITY OR TOWN Ashland | | 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 Ashland | | | | e. STREET ADDRESS (If rural, give location) Ashland | | | |
| 3. NAME OF DECEASED a. (First) Walker (Type or Print) | | | b. (Middle) Earl | | c. (Last) White | | 4. DATE OF DEATH (Month) (Day) (Year) August 11 1956 |
| 5. SEX 0 Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH October 13 1885 | | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 9 Days 28 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) 0 Ashland Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Thomas White | | | 13b. MOTHER'S MAIDEN NAME Jenne Bowden | | 14. NAME OF HUSBAND OR WIFE Josie White | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josie White Ashland Missouri | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) Arteriosclerosis | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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"/> | |
| 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) 4201 | | | |
| 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 3/10 1953 , to 8/10 1956 , that I last saw the deceased alive on 8/8 1956 , and that death occurred at 7:10 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) James E. Stuffman D.O. | | | | 23b. ADDRESS Ashland, Mo | | 23c. DATE SIGNED 8/11/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE August 12 1956 | | 24c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery | | 24d. LOCATION (City, town, or county) (State) Ashland Missouri | |
| DATE REC'D BY LOCAL REG. 8/14/56 | | REGISTRAR'S SIGNATURE Mrs Mildred Burnett | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Burnett Ashland Mo | | | |

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

27-0

AUG 28 1956

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 *W^m C. Burnett*.....

Licensed Embalmer No. *3564*.....

P. O. Address *Ashland, W.*.....

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.