

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14280  
STATE FILE NUMBER

FILED APR 29 1957

Registration District No. 292 Primary Registration District No. 6000 Registrar's No. \_\_\_\_\_

Health,  
& Welfare  
Public  
Service

S. 300  
1-56

securing the medical certification in the specific manner required by R.S. 140.040-140.045.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Jasper Township</u> TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Jasper Township</u> <u>0870</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi NE Vandalia</u>			Length of stay in <u>15</u> da		d. STREET ADDRESS <u>3 mi NE Vandalia</u>
3. NAME OF DECEASED (Type or print) <u>Willie</u> <sup>First</sup> <u>Edgar</u> <sup>Middle</sup> <u>White</u> <sup>Last</sup>			4. DATE OF DEATH <u>April 13, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 31, 1879</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock &amp; Grain</u>		11. BIRTHPLACE (City and state or country) <u>0</u>	
13. FATHER'S NAME <u>Billie White</u>			14. MOTHER'S MAIDEN NAME <u>Mattie</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Edna White, Vandalia, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardiac Asthma &amp; Arteriosclerosis -</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>10 yrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. Month, Day, Year, p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1:30 am 4/13/57 to 2:15 am 4/13/57</u> and last saw <sup>him</sup> alive on <u>4-13-57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. R. Doug Kerty DO</u>			22b. ADDRESS <u>Vandalia, Mo.</u>		22c. DATE SIGNED <u>4-17-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 15, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Clark Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Clark, Missouri</u>		23e. (State)			
24. FUNERAL DIRECTOR ADDRESS <u>William B Waters Vandalia, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>4/19/1957</u>		26. REGISTRAR'S SIGNATURE <u>Clyde C. Wiley</u>

(Licensed Embalmer's Statement on Reverse Side)

**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 *William B. Waters* .....

Licensed Embalmer No. *416*

P. O. Address *Dandale*

**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.**