

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16138**

FILED JUN 11 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4033 Registrar's No. 67

3  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Bates</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Amoret</u>		c. LENGTH OF STAY (In this place) <u>D. O. A.</u>	c. CITY OR TOWN <u>LaCygne</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA upon arrival at Dr.</u>			e. STREET ADDRESS (If rural, give location) <u>Ten Miles South East 81508</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Debra</u>		b. (Middle) <u>Ellen</u>	c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>4-27-57</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Co, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Lloyd Chester White</u>		13b. MOTHER'S MAIDEN NAME <u>Shirley Veach</u>		14. NAME OF HUSBAND OR WIFE <u>None</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Lloyd White, LaCygne, Kansas.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Potent Foreman Quale</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  <u>754.3</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 Days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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)		
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 <u>April 27</u> , 19 <u>57</u> , to <u>May 15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>May 12</u> , 19 <u>57</u> , and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. Schuber, D.O.</u>		23b. ADDRESS <u>Amoret, Missouri</u>		23c. DATE SIGNED <u>5-15-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-16-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Benjamin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Amoret, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 17-57</u>	REGISTRAR'S SIGNATURE <u>Rendall K... ..</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Archer &amp; Mangold, Amsterdam, Mo.</u>		

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.....  
*Robert L. Mangold*

Licensed Embalmer No....4972....

P. O. Address...LaCygne, Kan.

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.