No. 300
10.48

FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23837

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton
c. LENGTH OF STAY (In this place): 4 years,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benjiman Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN: Hale,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 4 miles S/E Hale,

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): E
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): July 16th, 1957

5. SEX: F
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed,
8. DATE OF BIRTH: Feb. 11th, 1861
9. AGE (In years last birthday): 96
If under 1 year: Months: 5 Days: 5 Hours: Min.:

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): Springfield, Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Bixby Willard
13b. MOTHER'S MAIDEN NAME: Lidia Griffin,
14. NAME OF HUSBAND OR WIFE: Alonzo F. White,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ed Riley, Hale, Mo.
ADDRESS:

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) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old Age
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
4222
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-2- *, 19*57*, to* 7-16 *, 19*57*, that I last saw the deceased alive on* 7-16 *, 19*57*, and that death occurred at* 9 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE Everett L. Smith (Degree or title) D.O.
23b. ADDRESS 1019 4th St. Carrollton, Mo.
23c. DATE SIGNED 7/18/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/18/1957
24c. NAME OF CEMETERY OR CREMATORY: Avalon Cemetery
24d. LOCATION (City, town, or county) (State): Avalon, Missouri.

DATE REC'D BY LOCAL REG.: 7/23/57
REGISTRAR'S SIGNATURE: Mrs Verlie Calvert
25. FUNERAL DIRECTOR'S SIGNATURE: Clifford W. Austin F-H
ADDRESS: Hale, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifford W Austin

Licensed Embalmer No. 323

P. O. Address Tina, M

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