

FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 27639
STATE FILE NUMBER

XC-14936516
RN14283

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 498

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Randolph							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Noland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital			Length of stay in lb 87 days		d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) ALLEN JACKSON WHITE				First Allen	Middle Jack	Last White	4. DATE OF DEATH Month 8 Day 8 Year 57				
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2/14/87		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 0 Days 3 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender			10b. KIND OF BUSINESS OR INDUSTRY Bartender		11. BIRTHPLACE (City and state or country) Noland, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Thomas C. White				14. MOTHER'S MAIDEN NAME Selie Bates							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. WW1 710-05-1636		17. INFORMANT VA Hospital Records							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senile Arteriosclerotic nephrosclerosis							INTERVAL BETWEEN ONSET AND DEATH 2 yrs				
MEDICAL CERTIFICATION	Other Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	none (a) Arteriosclerotic coronary heart disease a. Cardiac enlargement, no valvular defects none (b) Anterior malcardiac infarction, old secondary to arteriosclerosis of coronary arteries						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) e. Decompensated Class III-B							4201			
	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 VA Month VA Day VA Year VA a. m. VA p. m. VA											
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 May 13, 1957 to Aug 8, 1957 and was present at his death Death occurred at 6:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE R. D. TURNER, M.D. Actg. Chf, Med Sv.,				22b. ADDRESS VAH, POPLAR BLUFF, MO.				22c. DATE SIGNED 8/9/57			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8-9-57		23c. NAME OF CEMETERY OR CREMATORY Sutton Cem.		23d. LOCATION (City, town, or county) (State) Pocahontas Ark					
24. FUNERAL DIRECTOR Frank Cotrell				25. DATE REGD. BY LOCAL REG. 8/14/57		26. REGISTRAR'S SIGNATURE [Signature]					

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
AUG 19 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.