. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

FILED NOV 15 1957

XC-187 96 59

REG.# 15355

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34995

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 627

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADM.HOSPITAL — Length of stay in 1b: 2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: NEW MADRID
c. CITY OR TOWN: LILBOURN 0720 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS: BOX 202 (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: HENRY Last: WHITE

4. DATE OF DEATH Month Day Year: NOVEMBER 2, 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8-20-91

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (City and state or country): WILLIARD, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: WESLEY WHITE

13b. MOTHER'S MAIDEN NAME: ? SLANKARD

14. NAME OF HUSBAND OR WIFE: ANNIE WHITE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT Address: VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARDIOVASCULAR RENAL DISEASE, CHRONIC. — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442X

19. WAS AUTOPSY PERFORMED? Yes — YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from October 31,1957, to Nov. 2, 1957 [redacted] him. Death occurred at 11:06 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Lester Harwell — J. LESTER HARWELL, M. D.

22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.

22c. DATE SIGNED: 11/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Nov. 3, 1957

23c. NAME OF CEMETERY OR CREMATORY:

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: ST. LOUIS MISSOURI
Hoffmeister Funeral Home
7814 S. BROADWAY ST. LOUIS, MISSOURI

25. DATE RECD. BY LOCAL REG.: 11/6/57

26. REGISTRAR'S SIGNATURE: R. H. Mueller By

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED
NOV 12 1957
BUTLER CO. HEALTH CENTER
FILE No.

NOV 15 1957

NOV 20 1957

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 ..... Signed Ray P. Adams
Signature of Student Embalmer

Licensed Embalmer No. 4928
P. O. Address Hopkinsville, Ky.

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.