

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-008675
State File No.

FILED APR 8 1958

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|--|--|--|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | | PRIMARY REG. DIST. NO. <u>3000</u> | | Registrar's No. <u>101</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Marion</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Palmyra Miller Twp</u> | | <u>0640</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K. O. H.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>R. F. D. #2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> | | | b. (Middle) <u>B.</u> | | c. (Last) <u>White</u> | | 4. DATE OF DEATH (Month) <u>Mar.</u> (Day) <u>27,</u> (Year) <u>1958</u> |
| 5. SEX <u>M</u> <u>0</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Nov. 5, 1879</u> | | 9. AGE (In years last birthday) | 10. IF UNDER 1 YEAR Months _____ Days _____ |
| 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>Farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Fowler, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | |
| 13a. FATHER'S NAME <u>John White</u> | | 13b. MOTHER'S MAIDEN NAME <u>Charity Gooding</u> | | 14. NAME OF HUSBAND OR WIFE <u>Irene Long</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>489 42 2192 NO.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Thomas White, Palmyra, Mo.</u> | | 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <u>Y</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>4200</u> | |
| 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>Mar 55, 1958, to Mar 27, 1958</u> , that I last saw the deceased alive on <u>Mar 27, 1958</u> , and that death occurred at <u>8:55 AM.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Print or title) <u>Dr. J. L. ...</u> | | | | 23b. ADDRESS <u>Palmyra, Mo.</u> | | 23c. DATE SIGNED <u>3-27-58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>3/27/58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra</u> | | 24d. LOCATION (City, town, or county) (State) <u>Palmyra, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>4-1-1958</u> | | REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u> | | 25. FEDERAL DIRECTOR'S SIGNATURE <u>Frank R. ...</u> | | ADDRESS <u>Kirkville, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No. 4896

P. O. Address Kirksville, Mo.

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 this body is not embalmed, fact should be so stated above.