

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013205

STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 27 Primary Registration District No. 5080 Registrar's No. 71

300  
-57  
90

1. PLACE OF DEATH a. COUNTY <u>Bates</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> c. CITY OR TOWN <u>Deer Creek Twonship</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Deer Creek Twonship</u>			c. CITY OR TOWN <u>Deer Creek Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location) <u>Deer Creek Twp.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Clay</u> Last <u>White</u>			4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 4, 1904</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>0</u> Day <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Optician</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Altona, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas White</u>		13b. MOTHER'S MAIDEN NAME <u>Violet Belle Curry</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Evlyn White</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-09-9868</u>	17. INFORMANT Address <u>Mrs Jack Harding, Adrian, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cocaine Heroin Abuse</u> 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) <u>4201</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>None</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Adrian</u>		COUNTY _____	STATE _____
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>5/1/58 - 6:45 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dr. Douglas Howell M.D. Coroner</u>			22b. ADDRESS <u>Better, Mo</u>		22c. DATE SIGNED <u>5/5/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-4-58.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Adrian, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Six Funeral Service, Adrian, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>May 5-1958</u>	26. REGISTRAR'S SIGNATURE <u>Russell Krumm</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

5:15 P.M.

8961 01 7073

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..3650.....

P. O. Address..Adrian, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.