

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020931
STATE FILE NUMBER

FILED JUL 10 1958
Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <u>Centralia</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Centralia</u> 01000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E. Lakeview</u> Length of stay in lb <u>11 YRS.</u>		d. STREET ADDRESS (If outside, give location) <u>E. Lakeview</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>ABNER</u> Last <u>WHITE</u>			4. DATE OF DEATH Month <u>July</u> Day <u>3</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>FEB. 23-1880</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR IF UNDER 24 HRS. Months <u>4</u> Days <u>10</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Callaway County, Missouri</u>	
13. FATHER'S NAME <u>Wm Hall white</u>			14. MOTHER'S MARDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>495-30-3686</u>		17. INFORMANT Address <u>MRS. Minnie White, Centralia, 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>Complete Heart Block</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Two</u> <u>Year</u> <u>Year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
DUE TO (c) <u>Cardiac Renal Syndrome</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)- <u>Carcinoma of Urinary Bladder</u> 442X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u></u> <u></u> <u></u>	

21. I attended the deceased from <u>4-3-48</u> to <u>7-3-58</u> and last saw him alive on <u>7-3-58</u> Death occurred at <u>1:05 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>H. Baker, D.O.</u>	22b. ADDRESS <u>Centralia, Mo.</u>
22c. DATE SIGNED <u>7-5-58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 5-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centralia Bnmetery</u>	23d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Paul J. Baker, Centralia, Mo.</u>		25. DATE RECD. OF LOCAL REG. <u>July 5-1958</u>	26. REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, public service, 300-56, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul J. Baller*.....

Licensed Embalmer No. *42*

P. O. Address *Centralia,*

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.