

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043943

STATE FILE NUMBER

FILED JAN 6 1958

Registration District No: 144

Primary Registration District No. 5562

Registrar's No. 131

300
1-57

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural-Arcadia 0470
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR THE HOME FOR INSTITUTION Aged Baptists		Length of stay in 1b 8yr. 10mo. 13da.	d. STREET (If outside, give location) ADDRESS 1 1/2 mi. E. on Hwy. 70
3. NAME OF DECEASED (Type or print) Viola May White		First Middle Last	4. DATE OF DEATH Dec. 23, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 9, 1888
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 3 Days 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Gregory, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S..		13a. FATHER'S NAME Jacob Spurgeon	13b. MOTHER'S MAIDEN NAME Martha E. Taylor
14. NAME OF HUSBAND OR WIFE M. Bates White		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none
17. INFORMANT Dolores Weiss, Ironton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease.			INTERVAL BETWEEN ONSET AND DEATH 6 months
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)			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 7-1-58 to 12-23-58 and last saw her alive on 12-19-58 Death occurred at 1:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Marvin C. Munro (Degree or title)		22b. ADDRESS 109 N. Main, Ironton, Missouri	22c. DATE SIGNED 12-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-27-58	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Shelbina Mo.
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 12-26-58	26. REGISTRAR'S SIGNATURE Mrs. Aris Jones

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

580

JAN 9 1959

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 MAX N. WHITE, Student Embalmer No. 561 working under my personal supervision.

Student Max N. White
Signature of Student Embalmer

Signed Max N. White

Licensed Embalmer No. 3012

P. O. Address Imitor 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.