

THE DIVISION OF HEALTH AND HIGIENE
STANDARD CERTIFICATE OF DEATH

58-0446229

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 603

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Greenfield</u> ⁰²⁹⁸	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>201 N. Main</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Eunice Elizabeth White</u>		4. DATE OF DEATH Month Day Year <u>Dec. 19, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 31, 1883</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9c. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	10c. AGE (In years last birthday) <u>75</u>
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11c. AGE (In years last birthday) <u>75</u>
11. BIRTHPLACE (City and state or country) <u>Aurora, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Howell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Blankenship</u>	
13c. FATHER'S NAME <u>John Howell</u>		13d. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Blankenship</u>	
14. NAME OF HUSBAND OR WIFE <u>Theophilis H. White</u>		14. NAME OF HUSBAND OR WIFE <u>Theophilis H. White</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mr. Richard White; Kansas City, Mo.</u>		17. INFORMANT <u>Mr. Richard White; Kansas City, 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>Azo temia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u>		<u>6 yrs.</u>	
DUE TO (c) <u>Renal arterio sclerosis</u>		<u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>SENILE DEMENTIA.</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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec. 15, 1958</u> to <u>Dec. 19, 1958</u> and last saw her alive on <u>Dec 19 1958</u> Death occurred at <u>10:46 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <u>Dec. 15, 1958</u> to <u>Dec. 19, 1958</u> and last saw her alive on <u>Dec 19 1958</u> Death occurred at <u>10:46 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>J. E. Ailbane M.D.</u>		22b. ADDRESS <u>Joplin General Hospital</u>	
22c. DATE SIGNED <u>12/20/58</u>		22c. DATE SIGNED <u>12/20/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 24, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
24. FUNERAL DIRECTOR <u>J. C. Canada, Greenfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-24-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>		26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

JAN 5 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. C. Canada*

Licensed Embalmer No. *4196*

P. O. Address *Greenfield,*

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.