

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005046

State File No.

FILED FEB 19 1959

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>2 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Baptist Rest Home</u>			

3. NAME OF DECEASED a. (First) <u>Mrs. Ada</u> b. (Middle) <u>C.</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1959</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 26, 1879</u>			9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>Marion Frank</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>431-10-31148</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Helen Segrove Campbell, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the urinary bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (b) stating the underlying cause last. <u>Several cerebral hemorrhages in years past.</u>		DUE TO (b) <u>Several cerebral hemorrhages in years past.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>		DUE TO (c) <u>Arteriosclerotic heart disease</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1810</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 2-1, 1959, to 1 week only, that I last saw the deceased alive on 2-1, 1959, and that death occurred at 5 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Nathaniel M. D.</u> (Degree or title)		23b. ADDRESS <u>Piggott Hospital Piggott, Arkansas</u>		23c. DATE SIGNED <u>2-7-59</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-7-1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarkton Cemetery Clarkton, Mo.</u>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <u>2-9-59</u>		REGISTRAR'S SIGNATURE <u>Mrs. Beulah J. Saffel</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. Rome, Jonesboro, Ark. Jerry Cravens</u>	
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(Licensed Embalmer's Statement on Reverse Side)

COUNTY FILE NUMBER

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 _____

Jerry Cravens Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Jerry Cravens *Jerry Cravens*

Licensed Embalmer No. 5050

P. O. Address Jonesboro, Arkansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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