

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012503

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 173/

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHANNON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WAVONA Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION POPLAR BLUFF HOSP		Length of stay in 1b 18 HRS.	d. STREET ADDRESS (If outside, give location) 101 RT 1 Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last VIOLA Hester WHITE			4. DATE OF DEATH Month Day Year 4-3-59
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 12, 1923
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months 7 Days 3	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Rover, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MARSHALL WILLARD	
13b. MOTHER'S MAIDEN NAME OLLIE King		14. NAME OF HUSBAND OR WIFE LUTHER 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 MRS. NOVA HOLMES Address Alton, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic Coma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Diabetes mellitus DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X			INTERVAL BETWEEN ONSET AND DEATH
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.) 260X	
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.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4/2/59 to 4/3/59 and last saw her/him alive on 4/3/59 Death occurred at 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank R. E. Dumbell		22b. ADDRESS POPLAR BLUFF, MISSOURI	22c. DATE SIGNED 4-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-5-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion	23d. LOCATION (City, town, or county) (State) SHANNON Co. MO
24. FUNERAL DIRECTOR Mospadding Funeral Home		ADDRESS Van Buren Mo.	25. DATE RECD. BY LOCAL REG. 4/11/59
		26. REGISTRAR'S SIGNATURE R. F. Muehl	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Physician, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Allen C. McFadden*

Licensed Embalmer No. *4543*

P. O. Address. *Van Buren, Va*

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.