

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014368

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u> 0804 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>Woodland Hosp.</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>513 So. Engineer</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HARVEY CLAUD WHITE</u>		4. DATE OF DEATH Month Day Year <u>April 24 1959</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>Oct. 22 1907</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Ed's Welding Co.</u>	9c. BIRTHPLACE (City and state or country) <u>Sedalia Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ed's Welding Co.</u>	10c. BIRTHPLACE (City and state or country) <u>Sedalia Mo</u>
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Jackson White</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Berry</u>	14. NAME OF HUSBAND OR WIFE <u>Peggy Stone White</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>		16. SOCIAL SECURITY NO. <u>486-05-0168</u>	17. INFORMANT <u>Mrs. Peggy White</u> Address <u>513 So. Eng Sedalia Mo</u>
18. CAUSE OF DEATH (Use only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ATELECTASIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>LUNG HEMORRHAGE</u>			<u>1 1/2 HRS.</u>
DUE TO (c) <u>PUNCTURED LUNG - FRACTURED RIBS</u>			<u>12 HRS</u>
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"/>
20a. ACCIDENT <input checked="" 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.) <u>HEAD ON COLLISION - CRUSHED CHEST</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>11:50 a.m. 4-23-59</u>		INTERNAL HEMORRHAGE <u>132</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>STREET</u>	20f. CITY, TOWN, OR LOCATION <u>SEDALIA</u>	COUNTY STATE <u>PETTIS MO.</u>
21. I attended the deceased from <u>4-23-59</u> to <u>4-24-59</u> and last saw ^{her} him alive on <u>4-24-59</u> Death occurred at <u>12:15</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Maunders D.D. 2</u>		22b. ADDRESS <u>Sedalia Mo.</u>	22c. DATE SIGNED <u>4/25/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-28-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
24. FUNERAL DIRECTOR <u>McLaughlin Bros</u>		25. DATE RECD. BY LOCAL REG. <u>4-27-1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

40

STATEMENT BY LICENSED EMBALMER

JAN 21 1967

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

K. P. M. Lear

Licensed Embalmer No. *3153*

P. O. Address *Sedalia*

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.