

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018110
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 134

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sni A Bar		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Oak Grove
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2-1/2 mi S W Oak Grove 4 Mo.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R.F.D. #2 - 2-1/2 So West

3. NAME OF DECEASED (Type or print) First Middle Last Patricia Jean White			4. DATE OF DEATH Month Day Year May 28 1959		
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5. SEX F M	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 3 1952	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Independence Mo	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Wayne White	13b. MOTHER'S MAIDEN NAME Jean White	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Wayne White Oak Grove Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Death by Drowning</i>		INTERVAL BETWEEN ONSET AND DEATH 9.298
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"/>

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.) <i>Fell in a pond</i>
20c. TIME OF INJURY Hour Month, Day, Year a.m. 5:28 p.m. 59	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 700 Jackson Mo
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Hugh A Owens Coroner</i>	22b. ADDRESS 1034 Rialto Bldg	22c. DATE SIGNED 5-29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE May 31 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) (State) Oak Grove MO
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24. FUNERAL DIRECTOR Webb Funeral Home Oak Grove Mo.	25. DATE RECD. BY LOCAL REG. 5-31-59	26. REGISTRAR'S SIGNATURE <i>W. King</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

695 9 706

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 *William E. Freed*

Licensed Embalmer No. *4733*

P. O. Address *Blue Springs, 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.