

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 13

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>NEW MADRID</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b> |   |   |
| b. CITY OR TOWN <b>PORTAGEVILLE</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>PORTAGEVILLE</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>             |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>EAST 10TH ST.</b>  |                                  | Length of stay in lb  | d. STREET ADDRESS <b>EAST 10TH ST.</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>JAMES OTHEL WHITE</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>MAY 16, 1959</b>   |   |   |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>FEB. 3, 1904</b>   | 9. AGE (In years last birthday) <b>55</b><br>IF UNDER 1 YEAR Months Days<br>IF UNDER 24 HRS. Hours Min. |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED FARMER</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>FARM</b>  | 11. BIRTHPLACE (City and state or country)<br><b>LEXINGTON, ALA.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>ED WHITE</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>LELE B. PHILLIPS</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>ANNIE CASSEL WHITE</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br><b>ANNIE WHITE PORTAGEVILLE, MISSOURI</b>   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Cerebral vascular accident</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arteriosclerosis - gen.</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>33X</b> |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>15 mos</b><br><b>10 yrs</b>                    |
| 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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                                  |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from <b>Aug 1955</b> to <b>16 May 59</b> and last saw him alive on <b>16 May 1959</b><br>Death occurred at <b>3:25 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>G. S. Smith M.D.</b>   |                                  |   | 22b. ADDRESS<br><b>Portageville, Mo.</b>  |   | 22c. DATE SIGNED<br><b>18 May 59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                                  | 23b. DATE<br><b>MAY 18, 1959</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>MOUNDS CEMETERY</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>LILBOURN, MISSOURI</b>            |
| 24. FUNERAL DIRECTOR<br><b>DELISLE FUNERAL PARLOR PORTAGEVILLE, MO</b>  |                                  | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><b>May 19, 1959</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Edwin L. Lusk</b>   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

1961 JUN 3

P.O. Box

1961 JUN 3

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 *Joseph A. DeLoe* .....  
Licensed Embalmer No. 4481.....

P. O. Address PORTAGEVILLE, 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.