

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007111

FILED VS FEB 16 1960

178

Primary Registration District No.

Registrar's No. 14

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>LEWIS COUNTY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lewis</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PRARIE VIEW REST HOME</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>I mile east of Lewis</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <b>William George Andrew White</b>				4. DATE OF DEATH Month Day Year <b>Jan. 23 1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Mch. 24 1872</b>		9. AGE (last birthday) <b>87</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country)			12. CITIZEN OF WHAT COUNTRY				
13a. FATHER'S NAME <b>George White</b>				13b. MOTHER'S MAIDEN NAME <b>A. Hunsaker</b>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Ertel</b> Address <b>Mrs. A.B. Ertel, Quincy, Ill</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Embolism</b> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Hour a.m. p.m.		Month, Day, Year.											
20d. INJURY OCCURRED WHILE AT WORK <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>Jan 1960</b> to <b>23 Jan 1960</b> and last saw her <sup>him</sup> alive on <b>23 Jan 60</b> Death occurred at <b>D.O.A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>John Woods</b> (Degree or title) <b>D.O.</b>						22b. ADDRESS <b>Lewistown Mo</b>			22c. DATE SIGNED <b>26 Jan 60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 24 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>LaBelle Cemetery</b>			23d. LOCATION (City, town, or county) <b>Labelle, Mo.</b>			(State)			
24. FUNERAL DIRECTOR <b>Berth + Barker Wyaconda Mo</b>					25. DATE RECD. BY LOCAL REG. <b>2-10-60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Henry Lloyd</b>						

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Geo. V. Baskett

Licensed Embalmer No. 1817  
P. O. Address Wyacond

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.