

**IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS MAR 28 1960**

**60-010633**

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 329A

INDEXED

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Greene</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Stone</u>
Length of stay in 1b <u>18 days</u>		c. CITY OR TOWN <u>Marionville, Rt. #1</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors' Memorial Hospital</u>		d. STREET ADDRESS <u>3 1/2 miles North of Hurley</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>	
First <u>William</u>	Middle <u>H.</u>	Last <u>White</u>	Month <u>Mar</u>	Day <u>16</u>
Year <u>1960</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Oct. 6, 1873</u>	<b>9. AGE</b> (last birthday) <u>86</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> ----- <u>Stone Co., Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>J.H. White</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Adaline Garner</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT</b> <u>Mrs. Vinnie Scott, Marionville, Missouri</u>	<b>Address</b> <u>Route #1, Marionville, Missouri</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>15 min.</u>
IMMEDIATE CAUSE (a) <u>Circulatory Failure</u>		
DUE TO (b) <u>Cerebral Thrombosis</u>		
DUE TO (c) _____		<u>19 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Possible malignancy of G.I. Tract.</u> <u>Congestive Heart Failure</u>		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

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. _____	Month, Day, Year _____		
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b> _____ <b>STATE</b> _____
<b>21. I attended the deceased from</b> <u>2-27-60</u> , to <u>3-16-60</u> , and last saw <sup>him</sup> <u>alive on</u> <u>3-16-60</u> . Death occurred at <u>5:45 p.m.</u> <u>3-16-60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

<b>22a. SIGNATURE</b> (Degree or title) <u>Dr. Andrew Martiniack</u>		<b>22b. ADDRESS</b> <u>Springfield, Mo</u>		<b>22c. DATE SIGNED</b> <u>3-16-60</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>3/19/1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>White Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Stone County, Missouri</u>	
<b>24. FUNERAL DIRECTOR</b> <u>J. Dean Harris,</u>		<b>ADDRESS</b> <u>Clever, Missouri</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>3-21-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Effie E. Mellon</u>

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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.