

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 30 1960

478-60-029787
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 478

1. PLACE OF DEATH a. COUNTY <u>Butler.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff.</u>		Length of stay in 1b <u>1 day.</u>	c. CITY OR TOWN <u>Doniphan.</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>204 Walnut St.</u>

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Elbert</u> Last <u>White.</u>			4. DATE OF DEATH Month <u>August</u> Day <u>1</u> Year <u>1960.</u>		
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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>June 14, 1883.</u>	9. AGE (last birthday) <u>77.</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u> Hours <u>---</u> Min. <u>---</u>	IF UNDER 24 HR Hours <u>---</u> Min. <u>---</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile.</u>	11. BIRTHPLACE (City and state or country) <u>Watson, Illinois.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carrol White.</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Johnson.</u>	14. NAME OF HUSBAND OR WIFE <u>Lola White.</u>
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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>488-05-2537.</u>	17. INFORMANT <u>Mrs. Lola White, Doniphan, Mo.</u>
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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) <u>Cerebral Vascular Accident.</u> DUE TO (b) <u>Generalized Arteriosclerosis.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary arteriosclerosis.</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
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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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 <u>Poplar bluff Mo</u>	COUNTY _____ STATE _____
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21. I attended the deceased from 8-1 to 8-1-60 and last saw him alive on 8-1-60
Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>David W. Meeker, M.D.</u> (Degree or title)	22b. ADDRESS <u>Poplar bluff Mo</u>	22c. DATE SIGNED <u>8-4-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>	23b. DATE <u>AUG. 5, 1960.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEMETERY, DONIPHAN, MISSOURI.</u>	23d. LOCATION (City, town, or county) (State) <u>DONIPHAN, MISSOURI.</u>
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24. FUNERAL DIRECTOR <u>Ray Means, Doniphan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8/16/60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

OCT 24 1951

OCT 23 1951

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 Ray Mearns

Licensed Embalmer No. 3743

P.O. Address Doniphan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.