URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 9 1960

-60-042825

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 1320 Registrar's No. 64

ENDED

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1004 S. Main — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Palmyra — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1004 South Main — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HAZEL Middle SULLIVAN Last WHITE

4. DATE OF DEATH Month 11 Day 27 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/24/1896
9. AGE (last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buisness woman
10b. KIND OF BUSINESS OR INDUSTRY Sewing Center
11. BIRTHPLACE (City and state or country) Warren Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert C. Sullivan
13b. MOTHER'S MAIDEN NAME Charlotte White
14. NAME OF HUSBAND OR WIFE Guy B. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-07-8562
17. INFORMANT James Boettcher — Address Palmyra Mo. 303 LOgan

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH ½ hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis — ½ hour
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1950, to 11/27/60 and last saw her alive on 11/27/60
Death occurred at 9 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. H. Hall M D
22b. ADDRESS Palmyra Mo.
22c. DATE SIGNED 12/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/30/1960
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.
23d. LOCATION (City, town, or county) (State) Palmyra Mo.

24. FUNERAL DIRECTOR E.T.Sprague — ADDRESS Palmyra Mo.
25. DATE RECD. BY LOCAL REG. 12-7-60
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke, by Viola Gies Deputy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed E. J. Sprague
Signature of Student Embalmer

Licensed Embalmer No. 3245

P. O. Address Palmyra Mo.

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