

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008210

Registration District No. 101 Primary Registration District No. 5410 Registrar's No. 16 STATE FILE NUMBER

AMENDED

FILED MAR 27 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Silvan Springs</u>		Length of stay in lb <u>62 yrs</u>	c. CITY OR TOWN <u>Silvan Springs</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 <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Ershal Bert White</u>			4. DATE OF DEATH <u>3-8-61</u>	
---	--	--	-----------------------------------	--

5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/5/99</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
--------------------	------------------------------	---	-----------------------------------	-------------------------------------	--------------------------------	------------------------------

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Douglas Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	--	---

13a. FATHER'S NAME <u>J.A. White</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Lapan</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
---	--	--

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. <u>Harley White, Silvan Springs, Mo</u>	17. INFORMANT <u>Harley White, Silvan Springs, Mo</u>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 hrs.</u>
IMMEDIATE CAUSE (a)	<u>Cerebral hemorrhage</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	DUE TO (b) <u>Essential hypertension</u> <u>5 yrs.</u>	
	DUE TO (c) <u>Arteriosclerosis</u> <u>5 yrs.</u>	

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 <u>4:25 P.</u> Month, Day, Year <u>2/23/61</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>3/8/61</u>	COUNTY <u>West Plains, Missouri</u>	STATE
---	--	---	--	-------

21. I attended the deceased from <u>4:25 P.</u> <u>2/23/61</u> and last saw him alive on <u>3/6/61</u> Death occurred at <u>4:25 P.</u> <u>2/23/61</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>C.B. Waller</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>West Plains, Missouri</u>	22c. DATE SIGNED <u>3/16/61</u>
---	--	------------------------------------

23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Robertson's Mortuary</u>	23b. DATE <u>3/11-61</u>	23c. NAME OF CEMETERY OR CRMATORY <u>Silvan Springs</u>	23d. LOCATION (City, town, or county) (State) <u>Silvan Springs</u>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <u>Robertson's Mortuary</u>	25. DATE RECD. BY LOCAL REG. <u>3-21-61</u>	26. REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>
---	--	--

ITEM NO. SHOULD READ

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 A. A. Roberts

Licensed Embalmer No. 343

P. O. Address West Hill

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.