

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016334

STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 137

FILED MAY 23 1961

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>							
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville, Missouri</u>		Length of stay in 1b <u>2 Yrs</u>		c. CITY OR TOWN <u>Kirkville,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nursing Home # 1</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>719 S. Fifth</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>Gaylord Lee White</u>				4. DATE OF DEATH Month Day Year <u>May, 5, 1961</u>							
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Dec. 6, 1907</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Santa Fe Railroad</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Rutledge, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>James White</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Ellen Prueit</u>			14. NAME OF HUSBAND OR WIFE <u>Lila Irene Coslett</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>					17. INFORMANT <u>Mrs Lila White</u> Address <u>719 S. Fifth, Kirkville, Mo</u>						
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>MEDULLARY FAILURE</u>							INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS</u>				
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.							DUE TO (b) <u>RESPIRATORY ACIDOSIS</u>		3 DAYS		
DUE TO (c) <u>EMPHYSEMA</u>							10 YRS				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HUNTINGTONS CHOREA</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				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>Sept. 1, 1960</u> to <u>MAY 5 1961</u> and last saw her/him alive on <u>MAY 5 1961</u> Death occurred at <u>4 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>[Signature]</u> (Degree, or title)						22b. ADDRESS <u>1402 - E. Patterson, Kirkville, Mo</u>			22c. DATE SIGNED <u>5/5/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)				
<u>Burial</u>		<u>May 8, 1961</u>		<u>Pauline Cemetery</u>			<u>Rutledge, Mo</u>				
24. FUNERAL DIRECTOR <u>Hudson-Rimer Funeral Homes . Edina, Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>May 16, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. McFARLANE TILLEY, D.O.

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

*R. McFarlane Tilley*

Licensed Embalmer No. 5041

P. O. Address Edina, Mn

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.