

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032707

STATE FILE NUMBER

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 97

FILED OCT 2 1961

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| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton | Length of stay in 1b 18 yrs | c. CITY OR TOWN Ironton | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 219 Russell | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 219 E. Russell |

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| 3. NAME OF DECEASED (Type or print) First ADA Middle SOPHRONIA Last WHITE | | | 4. DATE OF DEATH Month Sept Day 21 Year 1961 | | |
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| 5. SEX Female | 6. COLOR OR RACE Cauc | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Sept 18 1880 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input checked="" type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and state or country) Wayne County, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
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|-----------------------------------------|---------------------------------------------|-------------------------------------------------------------|
| 13a. FATHER'S NAME John Ellis | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE David Alexander White |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Sheridan Toppins, St. Louis, Mo. |
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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) Cerebral apoplexy | | INTERVAL BETWEEN ONSET AND DEATH 1 hour | |
| Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. | DUE TO (b) Arterial sclerosis, general | | 10 year |
| | DUE TO (c) | | |

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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) | | 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Month, Day, Year |
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| 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 Ironton, Mo | COUNTY Iron | STATE Missouri |
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21. I attended the deceased from **8-22-42** to **9-21-61** and last saw her ^{him} alive on **9-12-61**
Death occurred at **1:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Bru W. Bull, M.D. | 22b. ADDRESS Ironton, Mo | 22c. DATE SIGNED 9-23-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 24 Sep 1961 | 23c. NAME OF CEMETERY OR CREMATORY Mountain View Cem. | 23d. LOCATION (City, town, or county) (State) Des Arc, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton, Mo. <i>Sybil A. White</i> | 25. DATE RECD. BY LOCAL REG. 9-24-61 | 26. REGISTRAR'S SIGNATURE <i>Mrs Avis Jones</i> |
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 INSTEAD OF

OCT 4 1967

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 Lyle H. White
Licensed Embalmer No. 4295

P. O. Address Ironton, Missouri

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.