

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

863-029189

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206 Primary Registration District No. 304A Registrar's No. 86

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 13 1963

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY MADISON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICK TOWN | | Length of stay in Td 2 days | c. CITY OR TOWN FREDERICK TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MADISON Co Memorial Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 020rk Boarding Home |
| 3. NAME OF DECEASED (Type or print) First BERTHA Middle VIOLA Last WHITE | | | 4. DATE OF DEATH Month AUGUST Day 9 Year 1963 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-8-1890 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 9. AGE (last birthday) 73 |
| 13a. FATHER'S NAME HENRY WILLIAMS | | 13b. MOTHER'S MAIDEN NAME MARY COUNTS | 14. NAME OF HUSBAND OR WIFE LUKE H. WHITE |
| 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. [REDACTED] | 17. INFORMANT MRS. PETE WHITE Address Rural Route Fredericktown, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH 10 Days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis. | | | years |
| DUE TO (c) Generalized Arteriosclerosis. | | | years |
| 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 checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Dec. 9, 1962 to Aug. 9, 1963 and last saw her alive on Aug. 8, 1963 Death occurred at 10:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Charles M. Mularis M.D. | | 22b. ADDRESS Fredericktown Missouri | 22c. DATE SIGNED Aug 9, '63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 8-11-63 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Methodist Cem. | 23d. LOCATION (City, town, or county) (State) HIGDON Mo. |
| 24. FUNERAL DIRECTOR SAM NASIM, Jr., Fredericktown, Mo. | | 25. DATE RECD. BY LOCAL REG. 8-9-1963 | 26. REGISTRAR'S SIGNATURE Florence Pickett |

AUG 14 1963

0231
0230

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 Robert L. Seabaugh, Student Embalmer No. 703

working under my personal supervision.

Student Robert L. Seabaugh
Signature of Student Embalmer

Signed Sam Lajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Mo.

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.