

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4130**

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 244
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
d. FULL NAME OF HOSPITAL OR INSTITUTION 305 S. 15th Street		d. STREET ADDRESS (If rural, give location) 305 S. 15th Street		
3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) (Ned) c. (Last) Edward White		4. DATE OF DEATH (Month) (Day) (Year) February 27, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 25, 1893	9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Dep't. Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Plymouth Clothing Co.		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY U. S. A.				
13a. FATHER'S NAME Richard B. White		13b. MOTHER'S MAIDEN NAME Mary Asquith		14. NAME OF HUSBAND OR WIFE Lucille White
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) W. W. #1. 398-07-3888		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille White ADDRESS 305 S. 15th St., St. Joseph, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 15 months 5 years.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-27 , 1949, to 2-27 , 1949, that I last saw the deceased alive on 1-15 , 1949, and that death occurred at 11 A. M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. R. Forgyars M.D.		23b. ADDRESS 420 N. 8th St. St. Joseph, Mo.		23c. DATE SIGNED 2-27-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 1, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Halter Meierhoffer ADDRESS 1946 Colhoun St. St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Mar. 2, 1949		REGISTRAR'S SIGNATURE E. C. Jenkins		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 19 1949

MAR 14 1949

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.

Signed

Raymond W. Marsh

Signed.....

Student Embalmer

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.