

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4333**

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 422 South Camden St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) NEWTON	b. (Middle) RICHARD	c. (Last) WHITE	4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 30, 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours 8 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired grocer	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Richmond, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry M. White	13b. MOTHER'S MAIDEN NAME Mary Eliza Rimmer	14. NAME OF HUSBAND OR WIFE Jennie Farrar White
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Andrew F. White	ADDRESS Smithville, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Obstruction 10 da DUE TO (c) Diverticulitis Sigmoid 10 da		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. n.v.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION N. 49	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 27, 1949**, to **Feb 8, 1949**, that I last saw the deceased alive on **Feb 8, 1949**, and that death occurred at **6:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. Speerman M.D.	23b. ADDRESS Smithville Mo	23c. DATE SIGNED 2/8/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 8, 1949	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
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DATE REC'D BY LOCAL REG. Feb 9-1949	REGISTRAR'S SIGNATURE Beulah Kitchener	25. FUNERAL DIRECTOR'S SIGNATURE Thurman Howard Stone	ADDRESS Richmond, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

24
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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-4-49

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, ~~XXXX~~.....

Student Embalmer No.

working under my personal supervision.

Signed William A. Thurman.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4563.....

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