

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16587**

FILED MAY 20 1949

No. 300
10-48

BIRTH NO. 184 29310-49 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frederick town</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frederick town</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2 days</u>		d. STREET ADDRESS (If rural, give location) <u>210 Loughborough</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 Loughborough</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOANN</u>		b. (Middle) <u>—</u>		c. (Last) <u>WHITE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>MAY 8, 1949</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>— 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Joseph E White</u>		13b. MOTHER'S MAIDEN NAME <u>KULA Rhodes</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph E. White, Fredericktown, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stilectasia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 24 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Primature birth 8th month</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Mo 25</u>	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>Primature birth as 8th month of pregnancy</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-8 1949, to 5-9, 1949, that I last saw the deceased alive on MAY 10, 1949, and that death occurred at 5 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Therry Barron</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fredericktown Mo</u>		23c. DATE SIGNED <u>5-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>METHODIST</u>	
		24d. LOCATION (City, town, or county) (State) <u>Higdon Mo.</u>			

DATE REC'D BY LOCAL REG. <u>5-17-49</u>		REGISTRAR'S SIGNATURE <u>Florence Tucker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Saml. L. J. Jr., Fredericktown Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Health Officer No. 4
District File Number 549-67
Date filed 5-19-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

..... Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed Sam Sajin, 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 this body is not embalmed, fact should be so stated above.