

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16930**

FILED MAY 19 1949

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015** Registrar's No. **20**

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Randolph | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sultsprings | c. LENGTH OF STAY (In this place) 30 days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clart | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION RFD # 2 Moberly Mo. | | d. STREET ADDRESS (If rural, give location) none | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) OLIVER b. (Middle) - c. (Last) WHITE | | | 4. DATE OF DEATH (Month) (Day) (Year) May - 9 - 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 Dec-25-1865 | 9. AGE (If years) (Months) (Days) (If under 14, Hours) (Min.) 83 4 14 | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (State or foreign country) Randolph Co. Mo | 12. CITIZENSHIP OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME David White | 13b. MOTHER'S MAIDEN NAME Clinabeth Cross | 14. NAME OF HUSBAND OR WIFE Cora White |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Weather RFD # Moberly Mo ADDRESS - | |
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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, asthma; etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 24 hr |
| | - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 331X |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION none | 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) m. _____ | 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 **May 9**, 19**49**, to **May 9**, 19**49**, that I last saw the deceased alive on **May 9**, 19**49**, and that death occurred at **4:30 P m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) D. Dreyer M.D. | 23b. ADDRESS Huntsville Mo | 23c. DATE SIGNED 5/10/49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE May-11-49 | 24c. NAME OF CEMETERY, OR CREMATORY Fairview Cemetery | 24d. LOCATION (City, town, or county) (State) Randolph Co. Mo |
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| DATE REC'D BY LOCAL REG. May-16-1949 | REGISTRAR'S SIGNATURE W. A. Berberth | 25. FUNERAL DIRECTOR'S SIGNATURE Snodgrass Funeral Home | ADDRESS Moberly Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 5-49.8

Date Filed MAY 18 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 _____

R. M. Carter

Signed _____
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moherly 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.