

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25806

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Shelby county</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbina, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>None</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbina, Mo.</u> c. LENGTH OF STAY (In this place) <u>Life</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbina, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>None</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Elizabeth, Hannibal, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Allen</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-7-1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>4-28-1869</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Marble cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe county</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert White</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Olbert</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara White</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>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bess Gosney, Shelbina, Mo.</u>		17. ADDRESS <u>Mrs. Bess Gosney, Shelbina, 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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia & uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		DUE TO (b) <u>Chronic Bronchiectasis</u> <u>unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>526X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 <u>6-24</u> , 1949, to <u>7-7</u> , 1949, that I last saw the deceased alive on <u>7-7</u> , 1949, and that death occurred at <u>1:00 p.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>T. J. Sherebler, M.D.</u>		23b. ADDRESS <u>Shelbina, Mo.</u>		23c. DATE SIGNED <u>7/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>William & Barkley</u>		24f. ADDRESS <u>Shelbina, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 2-49</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		REGISTRAR'S ADDRESS <u>419</u>	

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

102
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AUG 11 1949

RECEIVED

District Health Officer No. 10

District File Number 8-49-1389

Date Filed AUG 11 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.

Student
Student Embalmer

Signed

C. W. Hawkins

Licensed Embalmer No.

2498

P. O. Address

Shelburne, 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.