

No. 300
10.48

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27485

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

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5816 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland Twp. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland Twp.</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles S.W. Florence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles S.W. Florence</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles S.W. Florence</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>None</u> c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9, 1949</u>
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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>March 14, 1858</u>	9. AGE (In years last birthday) <u>91</u>	# UNDER 1 YEAR Months <u>4</u> Days <u>25</u>	# UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>Farmer, retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Florence Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Seth White</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie Mierert</u>	14. NAME OF HUSBAND OR WIFE <u>Nettie White</u>
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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 <u>Nettie White</u> ADDRESS <u>Florence Mo.</u>
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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, ashenia, 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) <u>Infirmities of Old Age.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			794X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:25A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L. Meadows Morgan County Coroner</u>	23b. ADDRESS <u>Nevada Mo.</u>	23c. DATE SIGNED <u>8-10-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Florence Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Florence Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 12th 1949</u>	REGISTRAR'S SIGNATURE <u>Thos L. Ripperger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Steverson</u> ADDRESS <u>St. vor MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 7-48-98

Date Filed 8-15-49

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, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.