

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29012**  
Registrar's No. **87**

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4499** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home in Shelbina</b>		d. STREET ADDRESS (If rural, give location) <b>Shelbina, Missouri</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elijah</b> b. (Middle) <b>Robert</b> c. (Last) <b>White</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-23-49</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 20, 1860</b>
9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR Months <b>-</b> Days <b>3</b>	IF UNDER 12 HRS. Hours <b>-</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Monroe County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			
13a. FATHER'S NAME <b>Robert White</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Bates</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Nannie White</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Nannie White Shelbina Mo</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion at base of heart</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sensibility</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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) <b>Shelbina Shelby Mo</b>	
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 <b>July 12, 1949</b> , to <b>Aug 23, 1949</b> , that I last saw the deceased alive on <b>Aug 23, 1949</b> , and that death occurred at <b>9:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. P. Simpson, M.D.</b>		23b. ADDRESS <b>Shelbina Mo</b>	23c. DATE SIGNED <b>Aug 29</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-25-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina TOOF</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Sept 6-1949</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	419	25. FUNERAL DIRECTOR'S SIGNATURE <b>Million &amp; Berkeley</b> ADDRESS <b>Shelbina, Mo</b>

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

RECEIVED SEP 10 1949  
District Health Officer No. 10  
District File Number 9-49-156  
Date Filed SEP 10 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 James A. Davis  
Licensed Embalmer No. 4498

P. O. Address Shelton, 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.