

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5364

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5696 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give length of OR TOWN <u>Rural Route #1</u> <u>Chillicothe</u> <u>26</u> years (in the place))		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route #1</u> <u>Chula, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route #1</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route #1</u> <u>0590</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Weaver</u>	c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-</u> <u>6</u> <u>50</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White (US)</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-13-1926</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Salina, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Ross White</u>	13b. MOTHER'S MAIDEN NAME <u>Mina G. Laso</u>	14. NAME OF HUSBAND OR WIFE <u>Ora Arthelia 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>Ora Arthelia White, Chula, Mo.</u>	ADDRESS <u>RR#1</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</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) _____		
	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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb., 1946, to Feb., 1950, that I last saw the deceased alive on 25 Jan., 1950, and that death occurred at 9 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles M. Grace, M.D.</u>	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>7 Feb. 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plainview</u>	24d. LOCATION (City, town, or county) (State) <u>Chula, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb-7-50</u>	REGISTRAR'S SIGNATURE <u>Frances B. Nell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>	ADDRESS <u>Chillicothe, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

590
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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.....

Edton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.