

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9102

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 8393 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Plattin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Plattin</u> <u>0500</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Festus, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Festus, Mo.</u>			
3. NAME OF DECEASED a. (First) <u>Mary</u>		b. (Middle) <u>Julia</u>	
		c. (Last) <u>White</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 25, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 21, 1875</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Frank Carron</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Primo</u>	
		14. NAME OF HUSBAND OR WIFE <u>Aaron Green 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> <u>XXX</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Wilkerson</u> ADDRESS <u>DeSoto, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Essential Hypertension with Cardiac Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>Diabetes Mellitus</u> 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"/>			
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 <u>20</u> , to <u>3/25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/11</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degrees or title) <u>Dr. E. J. Miller, M.D.</u>		23b. ADDRESS <u>Dr. E. J. Miller, DeSoto, Mo.</u>	
23c. DATE SIGNED <u>3/27/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/28/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cherter</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson County, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3/31/50</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u> <u>196</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Mathushial</u>		ADDRESS <u>DeSoto, Mo.</u>	

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

5500

DATE RECEIVED 4-3-50  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

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 J Lee Mathewshead

Licensed Embalmer No. 3531

P. O. Address De Soto, Missouri

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.