

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11738**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write BURAU and give township) <u>Great Wash Sep. Nevada</u>		c. CITY (If outside corporate limits, write BURAU and give township) <u>Kansas City 3088</u>	
c. LENGTH OF STAY in this place <u>6y 8m 19 days</u>		d. STREET ADDRESS (If rural, give location) <u>4410 Scarritt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) _____ c. (Last) <u>WHITE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1950</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Aug 14, 1871</u>
9. AGE (In years last birthday) <u>78</u> # UNDER 1 YEAR Months <u>7</u> Days <u>12</u> # UNDER 12 HOURS _____ Min. _____			
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>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Holt Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick Hahn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Shackelford</u>	
14. NAME OF HUSBAND OR WIFE <u>Elyde White (deceased)</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hosp 3 Nevada 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis &amp; Hypertension</u> 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 <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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)		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>Dec 7, 1943</u> , to <u>March 26, 1950</u> , that I last saw the deceased alive on <u>March 26, 1950</u> , and that death occurred at <u>1:30 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul L. Barone MD</u>		23b. ADDRESS <u>State Hospital 3 Nevada Mo</u>	
23c. DATE SIGNED <u>Mar 26/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar. 26 50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Wash</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG <u>Mar. 26, 50</u>		REGISTRAR'S SIGNATURE <u>331</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer Sons, Kansas City, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. 7

District File Number 3-50-22

Date Filed 4-4-50

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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 D. J. M. Feinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, 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.