S. No. 300
v. 10.48

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

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11759

BIRTH NO. _____ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6240 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Harmony twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Palmer Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Harmony (Twpt.)
d. STREET ADDRESS (If rural, give location): Palmer

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3. NAME OF DECEASED (Type or Print)
a. (First): Abraham
b. (Middle): Horace
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): March 16 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 25-1867
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 11, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Iron Co. Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William White
13b. MOTHER'S MAIDEN NAME: Rosa Wright
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mintie Scott — **ADDRESS**: Shirley Mo.

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): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ 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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-16, 1950, *to* 3-16, 1950, *that I last saw the deceased alive on* 3-16, 1950, *and that death occurred at* 5-05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph L. Thurman (Degree or title): M.D.
23b. ADDRESS: Potosi, Mo.
23c. DATE SIGNED: 3-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-19-50
24c. NAME OF CEMETERY OR CREMATORY: East Forest
24d. LOCATION (City, town, or county) (State): Washington Co. Mo.

DATE REC'D BY LOCAL REG.: 3-21-50
REGISTRAR'S SIGNATURE: Ella D. White 336
25. FUNERAL DIRECTOR'S SIGNATURE: Mr. Luther Sparks **ADDRESS**: Potosi Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 22 1950
DISTRICT HEALTH OFFICE No. 4
File No. 350-425

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 Murphy L. Sparks

Licensed Embalmer No. 4256

P. O. Address Fort Riley 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.