

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12768

450  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4229 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Franklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Franklin</u> 0430	
c. LENGTH OF STAY (in this place) <u>5 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>308 E. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kate Pearson</u>			
3. NAME OF DECEASED a. (First) <u>Kate</u> b. (Middle) <u>PEARSON</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 28-1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 21-1871</u>
9. AGE (In years last birthday) <u>79</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Fayette mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John B. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Buckner</u>	14. NAME OF HUSBAND OR WIFE <u>Paul White</u>
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 ADDRESS <u>Harriet White 213 W. 2nd</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 myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ascites</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>		<u>unknown</u>	
<u>unknown</u>		<u>6 mo</u>	
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) <u>4271</u>	
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>Oct 10, 1949</u> , to <u>Apr 28, 1950</u> , that I last saw the deceased alive on <u>Apr 28, 1950</u> , and that death occurred at <u>7:54 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. Chamberlain M.D.</u>		23b. ADDRESS <u>New Franklin mo</u>	23c. DATE SIGNED <u>4-29-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 1-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette Howard mo.</u>
DATE REC'D BY LOCAL REG. <u>4-30-50</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> 436	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. P. Pae New Franklin</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED **MAY 9**  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5/11/57

---

**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.

Signed \_\_\_\_\_

*R. L. Hall*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.