No. 300
10-48

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16240

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
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): 925 Jackson St.

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

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Otis D. White~~
b. (Middle): ODYSSES D.
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): May 5-31-50

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17 1914
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 2, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist
10b. KIND OF BUSINESS OR INDUSTRY: Rolla School
11. BIRTHPLACE (State or foreign country): Boley Olka.
12. CITIZEN OF WHAT COUNTRY?: Usa

13a. FATHER'S NAME: U.S.White
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Rose T. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk — (If yes, give war or dates of service): Unk
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: U.S.White Boley Olka. — ADDRESS:

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) Hemorrhage, Shock — INTERVAL BETWEEN ONSET AND DEATH: a few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bullet wound in rt chest
DUE TO (c) Self inflicted

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

E 971 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 925 Jackson st
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jefferson City Cole Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 31 1950 3:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Self inflicted

22. *I hereby certify that I attended the deceased from* dead when viewed, *1950, that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 3:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. T. Leslie M.D. "Coroner"
23b. ADDRESS: Jeff City Mo
23c. DATE SIGNED: 6-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-4-50
24c. NAME OF CEMETERY OR CREMATORY: Boley Cemetery
24d. LOCATION (City, town, or county) (State): Boley, Olka.

DATE REC'D BY LOCAL REG.: June 1-1950
REGISTRAR'S SIGNATURE: R.P. Dorris MD - N.R. 68
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Victor Buescher Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
CORR. BY AFF.

JUN 21 1950

JUL 2 1951

JUL 6 1951

RECEIVED JUN 6 1960
District Health Officer No. 9,
District File Number

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 Bill C. Branson

Signed.....
Student Embalmer

Licensed Embalmer No. 4764

P. O. Address Jefferson 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Cole } ss.

State File No. 16240
Local Registrar's No. 130

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6 day of July, 1951, before me appears Victor Buescher, who, upon his oath, states that the original record of ~~birth~~ death for Odysseus D. White died May 31, 1950, in the State of Missouri, and which was filed at Jefferson City Mo on 6-8-, 1951, should be corrected as follows:

Item No. 3 should read Odysseus Don White

Instead of Otis D. White

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Buescher Funeral Home
By Victor Buescher
Relationship

Present Address.

Subscribed and sworn to before me this 6 day of July 1951, ~~194~~

My Commission expires August 27, 1954 Lucille Connor Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
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