No. 300
10.48

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16252

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 9017 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (In this place): 7 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Franklin Mo. 0450
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): May 25 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 31-1871
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Howard Co. Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John W. White
13b. MOTHER'S MAIDEN NAME: Harriette Baker
14. NAME OF HUSBAND OR WIFE:

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

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion — 3 years ago

DUE TO (c) arteriosclerotic myocarditis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS: 4201

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 ☐ 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): May-25-50 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 Oct 15, 1947, to May 25, 1950, that I last saw the deceased alive on 12:15 Am 1950, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE: G. T. Chamberlain M.D. (Degree or title)
23b. ADDRESS: New Franklin Mo
23c. DATE SIGNED: May 26-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 25 50
24c. NAME OF CEMETERY OR CREMATORY: Walnut Ridge
24d. LOCATION (City, town, or county) (State): Fayette Mo.

DATE REC'D BY LOCAL REG.: May 28-1950
REGISTRAR'S SIGNATURE: D. E. Hooper
25. FUNERAL DIRECTOR'S SIGNATURE: R. L. Hace — **ADDRESS**: New Franklin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 5
District Health Officer No. 8,

District File Number.....

Date Filed 6/7/50

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 R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, T

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.