

FILED SEP 13 1950 STANDARD CERTIFICATE OF DEATH

State File No. 25967

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> <u>0042</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6-Short Harrison St</u>		d. STREET ADDRESS (If rural, give location) <u>#6 Short Harrison</u>	

3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Walker</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4-1950</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 2-1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>1944 laborer Brick Plant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Plant</u>		11. BIRTHPLACE (State or foreign country) <u>Auxvasse Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		

13a. FATHER'S NAME <u>John White</u>	13b. MOTHER'S MAIDEN NAME <u>Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Cordelia White</u>
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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>491-03-6615</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cordelia White</u>	ADDRESS <u>Mexico Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>154X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Aug 1 - 1950 to Sept 4, 1950, that I last saw the deceased alive on Sept 4, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>N. J. Ector, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Mexico, Mo</u>	23c. DATE SIGNED <u>9-5-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 5-1950</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Sephus Hannibal</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0042

SEP 1  
Date Received:  
DISTRICT HEALTH OFFI  
District File Number  
Date Filed: SEP 12 19

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. R. Sepsus*

Signed.....

Student Embalmer

Licensed Embalmer No. *3420*

P. O. Address *Hannibal mi*

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.