

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. 31404

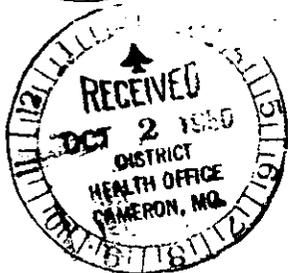
FILED OCT 6 1950

BIRTH NO.		REG. DIST. NO. <u>297</u>	PRIMARY REG. DIST. NO. <u>3057</u>	Registrar's No. <u>55</u>
1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		
c. LENGTH OF STAY (in this place) <u>56 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>563 East Lexington St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>563 East Lexington St.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1950</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>	b. (Middle) <u>ALLEN</u>	c. (Last) <u>WHITE, SR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb. 18, 1894</u>	9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U. S. Postal Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Postal Dept.</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George M. White</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie A. Smithey</u>	14. NAME OF HUSBAND OR WIFE <u>Cleo Douglas White</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clyde White, Richmond, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Buerger's Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>1 1/2 year</u> <u>4531</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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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>Apr. 1, 1950</u> , to <u>Sept 22, 1950</u> , that I last saw the deceased alive on <u>Sept 22, 1950</u> , and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>D. E. G. Person M.D.</u>		23b. ADDRESS <u>Richmond Mo.</u>	23c. DATE SIGNED <u>Sept. 21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>	ADDRESS <u>Richmond, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0891



OCT 11 1950

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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, W. L. Thurman

Student Embalmer No. 1

working under my personal supervision.

Student
Student Embalmer

Signed William L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.