

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32569

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>5089</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Gap</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Gap 0070</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Gap</u>				d. STREET ADDRESS (If rural, give location) <u>Pleasant Gap</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Lee</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13, 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>7-24-1908</u>		9. AGE (In years last birthday) <u>42</u>	10. MONTHS <u>2</u>	11. DAYS <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. H. White</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Mae Thorp</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle White</u>			
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>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle White Pleasant Gap, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Barbiturate</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>intoxication</u> DUE TO (c) <u>Suicide</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>dead on arrival</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		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>Oct 26 or Arr 10/21</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:10 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John A. Bladen</u>			23b. ADDRESS <u>Butler Mo</u>			23c. DATE SIGNED <u>Oct 14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-15-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Oct 14-1950</u>		REGISTRAR'S SIGNATURE <u>Rendall A. Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth</u>		ADDRESS <u>Butler Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED *10-16-50*

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed *10-16-50*

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed *Robert D. Steinbeck*

Signed _____
Student Embalmer

Licensed Embalmer No. *4657*

P. O. Address *Butler, 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.