

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34189

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4336 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Monroe County			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Monroe				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granville		c. LENGTH OF STAY (In this place) 27 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granville, Mo. 0670		d. STREET ADDRESS (If rural, give location) X		
d. FULL NAME OF HOSPITAL OR INSTITUTION None							
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Thomas c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) 10-14-1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-8-1881	9. AGE (In years last birthday) 69	10. MONTHS 5	11. DAYS 6	12. HOURS Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General Mdse.	11. BIRTHPLACE (State or foreign country) Monroe Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry White		13b. MOTHER'S MAIDEN NAME Elza Whiteside		14. NAME OF HUSBAND OR WIFE Mrs. Mae White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mae White, Granville, Mo.				
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Heart Disease</i> ANTECEDENT CAUSES <i>High Blood Pressure</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 4/14/50 7.15  4201		
18. 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 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)	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 <i>May</i> , 1950, to <i>10/14</i> , 1950, that I last saw the deceased alive on <i>10/14</i> , 1950, and that death occurred at <i>5:45 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Anna M. Burdick</i>			23b. ADDRESS <i>437 Million-Barkelaw, Shelbina, Mo.</i>		23c. DATE SIGNED 10-24-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-15-1950	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cmtv.	24d. LOCATION (City, town, or county) (State) Paris Mo.				
DATE REC'D BY LOCAL REG. 10-27-50	REGISTRAR'S SIGNATURE <i>Anna M. Burdick</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Million-Barkelaw</i>	ADDRESS Shelbina, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 3  
DISTRICT HEALTH OFFICE  
District File Number  
Date Filed: NOV 6 1950

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 \_\_\_\_\_

Licensed Embalmer No. 3498

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.