

FILED JAN 29 1951

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

89

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR		c. LENGTH OF STAY (In this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR		d. STREET ADDRESS (If rural, give location) 1101 GRAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) LENA		b. (Middle) MAY		c. (Last) WHITE	
4. DATE OF DEATH		(Month) JAN		(Day) 19		(Year) 1951	
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH JAN 1 1882		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) STRASBURG, MISSOURI D		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME ALBERT YORK		13b. MOTHER'S MAIDEN NAME BELLE PETTIT		14. NAME OF HUSBAND OR WIFE HENRY N. WHITE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXX		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMMETT WHITE, LAMAR, MO. R#3			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DU TO (b) <u>Pulmonary Fibrosis</u>				SUDDEN	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DU TO (c) <u>Arteriosclerosis</u>				4/20/	
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) 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 Dec. 1949, to March, 1950, that I last saw the deceased alive on Dec. 28, 1950, and that death occurred at 6:30 PM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H.M. Arnold M.D.				23b. ADDRESS Lamar Mo		23c. DATE SIGNED 1-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 23 1951		24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY		24d. LOCATION (City, town, or county) (State) LAMAR, MISSOURI	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KONANTZ FUNERAL HOME, LAMAR, MISSOURI			

(Licensed Embalmer's Statement on Reverse Side)

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

DEPARTMENT OF HEALTH OF MO.

Springfield

JAN 22 1951

Dist. File 157-189

Date Filed 1-22-51

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 Earl F. Konantz

Signed.....  
Student Embalmer

Licensed Embalmer No. ~~4601~~ 2247

P. O. Address Lamar, Missouri

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.