

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7251

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Dexter Liberty Twp.</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter Liberty Twp.</b>	
c. LENGTH OF STAY (in this place) <b>80 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>Route 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 3</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>	b. (Middle) <b>Winfield</b>	c. (Last) <b>White</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 12, 1951</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 9, 1869</b>
9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Dyer Co. Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James White</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Eda B. White</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no xx</b>	16. SOCIAL SECURITY NO. <b>x</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eda B. White Dexter, Mo. R. 3</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>no xx</b>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTecedent CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Facility</b>		DUE TO (b)	
DUE TO (c)		4222	
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) (Min.)	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 <b>Jan 1, 1951</b> , to <b>Feb 12, 1951</b> , that I last saw the deceased alive on <b>Feb 12, 1951</b> , and that death occurred at <b>5:50 A.M.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W.S. of [Signature]</b>		23b. ADDRESS <b>Dexter Mo.</b>	23c. DATE SIGNED <b>2/17/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2-13-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old Bethel cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo. R. 3</b>
DATE REC'D BY LOCAL REG. <b>2-20-51</b>	REGISTRAR'S SIGNATURE <b>Velma V. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Funeral Ser. Dexter, Mo.</b>	

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

1030

RECEIVED

FEB 23 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

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 *Raymond L. Duffie* .....

Licensed Embalmer No. *4798* .....

P. O. Address *Dexter* .....

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.