

FILED MAR 29 1951  
67630-50

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9807

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WORTHAM</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WORTHAM</b>	
c. LENGTH OF STAY (In this place) <b>5 MONTHS</b>		0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WORTHAM</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DONNA</b> b. (Middle) <b>JEAN</b> c. (Last) <b>WHITE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 12, 1951</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT II</b>	8. DATE OF BIRTH <b>OCT 21, 1950</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>HERMAN WHITE</b>	13b. MOTHER'S MAIDEN NAME <b>ONEIDA CONWAY</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HERMAN WHITE</b>	ADDRESS <b>WORTHAM, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHIAL PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>  <b>7 DAYS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHICKEN POX</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hydrocephalus</b>		From Birth	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **3-10** 19**51**, to **3-12**, 19**51**, that I last saw the deceased alive on **3-11**, 19**51**, and that death occurred at **11 1/2** m., from the causes and on the date stated above.

23a. SIGNATURE <b>John W. Hunt, Jr.</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Leadwood Mo</b>	23c. DATE SIGNED <b>3/13/51</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/14/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ADAMS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>FRANKCLAY, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 13, 1951</b>	REGISTRAR'S SIGNATURE <b>Cothran Russell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Butler Boyer</b>	ADDRESS <b>Leadwood, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 19 1951

RECEIVED

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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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.