No. 300
10.48

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

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10792

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2879

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4112 West Belle Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ohio
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Xenia 8340
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Maggie
b. (Middle):
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): 3/27/51

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 11/13/1905
9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months 22 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Water Valley, Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Hensley
13b. MOTHER'S MAIDEN NAME: Lula Moody
14. NAME OF HUSBAND OR WIFE: Leslie White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John B. White, Xenia, Ohio

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Breast — Unkn
DUE TO (c)

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 170X

22. *I hereby certify that I attended the deceased from* Jan 19, 1951, *to* Mar. 27, 1951, *that I last saw the deceased alive on* Mar 26, 1951, *and that death occurred at* 2 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. H. Wood, M.D.
23b. ADDRESS: 4448 Easton Avenue
23c. DATE SIGNED: 2/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/28/1951
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Paducah, Kentucky

DATE REC'D BY LOCAL REG.: MAR 28 1951
REGISTRAR'S SIGNATURE: J. B. Fraction
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Chas. J. Gares, 4107 Finney Avenue

(Licensed Embalmer's Statement on Reverse Side)

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. [illegible]

P. O. Address 4107 Finney Avenue

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.