

3. No. 300  
v. 10.48

FILED MAY 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12007

12007

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 5302 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Eugene</u> ) c. LENGTH OF STAY (in this place) <u>Clark Pump</u> d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Eugene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Eugene Aurora, Ill</u> d. STREET ADDRESS: (If rural, give location) <u>Main St. R2-5th Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Ray</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>July 25, 1932</u>
9. AGE (In years last birthday) <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>USA Army</u>	11. BIRTHPLACE (State or foreign country) <u>New Holland, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Arthur White</u>	13b. MOTHER'S MAIDEN NAME <u>Lola Unknown</u>
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes PFC RA</u>	16. SOCIAL SECURITY NO. <u>337240480</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Arthur White New Holland Ill.</u>			ADDRESS <u>New Holland Ill.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Car overturned and fell on neck of holder</u> <u>breaking his neck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dr. Leslie Coroner</u> DUE TO (c) <u>Foster S. Wheathy acting coroner</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>026</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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 <u>Dead, when viewed</u> , that I last saw the deceased alive on <u>April 29, 1951</u> , and that death occurred <u>at about 1:00 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Foster S. Wheathy Acting Coroner</u>		23b. ADDRESS <u>828 East McCarty</u>	23c. DATE SIGNED <u>4/29/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 29, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Aurora Ill</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora, Illinois</u>
DATE REC'D BY LOCAL REG. <u>April 29-1951</u>	REGISTRAR'S SIGNATURE <u>Mr. L. Oliver</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Busch, Jefferson City, Mo</u>	

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

260  
3

RECEIVED 5-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-7-51

MAY 8 1951

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 Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Garrison City, Md.

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.