

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13404

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 108

0742
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (in this place) 11 days		d. STREET ADDRESS (If rural, give location) 1122 North Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) WILFRED		b. (Middle) ALLEN	
c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) 4 10 51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/23/58
9. AGE (In years last birthday) 92		10. IF UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (State or foreign country) Cameron, West Virginia
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William White		13b. MOTHER'S MAIDEN NAME Elizabeth Clyde	
14. NAME OF HUSBAND OR WIFE Jane C. Kiesling White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. W. A. White		ADDRESS Maryville, Mo.	
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) Cardiac Deletion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Congestion DUE TO (c) Serulity II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured left femur	
19a. DATE OF OPERATION 4-4-51		19b. MAJOR FINDINGS OF OPERATION Open Reduction of Fractured left femur	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 3-29 , 19 51 , to Apr. 10 , 19 51 , that I last saw the deceased alive on 4-10 , 19 51 , and that death occurred at 9 A. m., from the causes and on the date stated above.			
23a. SIGNATURE W. A. White (Degree or title) M. D.		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 5/1/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/14/51	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 5/3/51		REGISTRAR'S SIGNATURE Bess Holt	
25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home		ADDRESS Maryville, Mo.	



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 Robert L. Loutter

Signed
Student Embalmer

Licensed Embalmer No. 4782

P. O. Address Marionville, 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.