

FILED MAY 22 1951 STANDARD CERTIFICATE OF DEATH

State File No. 15601

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 131

1. PLACE OF DEATH <i>Ellis Fischel State Cancer Hosp.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).	
a. COUNTY <i>Boone</i>		a. STATE <i>Missouri</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Columbia</i>		b. COUNTY <i>Randolph</i>	
c. LENGTH OF STAY (In this place) <i>16 Days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Moberly</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ellis Fischel State Cancer Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>Route # 1</i>	
3. NAME OF DECEASED			4. DATE OF DEATH
a. (First) <i>Walter</i>	b. (Middle) <i>James</i>	c. (Last) <i>White</i>	(Month) (Day) (Year) <i>5-11-51</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8-26-1874</i>
9. AGE (In years last birthday) <i>76</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Francis White</i>	13b. MOTHER'S MAIDEN NAME <i>Susan Dorsey</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>?</i>	16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Faunt White 607 1/2 Willow St. Moberly, Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>ADENOCARCINOMA OF CECUM</i>		INTERVAL BETWEEN ONSET AND DEATH <i>UNKNOWN</i>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION <i>4-27-51</i>	19b. MAJOR FINDINGS OF OPERATION <i>ADENOCARCINOMA OF CECUM & LIVER METASTASES</i>		20. AUTOPSY? YES <input checked="" 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) _____	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 <i>25 APR</i> , 1951, to <i>11 APR</i> , 1951, that I last saw the deceased alive on <i>11 APR</i> , 1951, and that death occurred at <i>5:30 P.M.</i> , from the cause and on the date stated above.			
23a. SIGNATURE <i>James H. Allen</i>		23b. ADDRESS <i>M.D. ELLIS FISCHEL STATE HOSP</i>	23c. DATE SIGNED <i>11 APR 51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 13 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chapel Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Clark Randolph & Mo</i>
DATE REC'D BY LOCAL REG. <i>May 14 1951</i>	REGISTRAR'S SIGNATURE <i>Mrs R.E. Palmer</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Fred W. Thompson Moberly, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-21-51 _____

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 _____
Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 14200

P. O. Address Madison, 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.