

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 15 1951

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 8

461

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

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>South Fork</u>	
c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		d. STREET ADDRESS (If appropriate location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Moran Hospital</u>			

3. NAME OF DECEASED a. (First) <u>ANNA</u> b. (Middle) <u>ADELAIDE</u> c. (Last) <u>WHITE</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>22</u> (Year) <u>1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 20, 1872</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Georgetown, Wis.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Peter Nicklas</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Wm. Wesley White</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy White</u> ADDRESS <u>South Fork, Mo.</u>			
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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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<u>Chronic Myocarditis</u>						<u>5 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____						<u>arteriosclerosis</u>	
		DUE TO (c) _____						<u>42-21</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chr. Cholecystitis</u>						<u>10 yrs</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from 5/10, 1951, to 5/22, 1951, that I last saw the deceased alive on 5/22, 1951, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>5/31/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amy Cemetery</u>		24d. LOCATION (City, town, or county) <u>Howell County, Missouri</u> (State) _____	
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DATE REC'D BY LOCAL REG. <u>6-4-51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Thayer, Mo.</u>	
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 8 1933
Dist. File 627-1293
Date Filed 6-9-33

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
Student Embalmer

Student Embalmer No. _____

Signed Almond Chitt

Licensed Embalmer No. 4516

P. O. Address Shawnee, 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.