

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20010**

FILED **1111 2-1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **141** PRIMARY REG. DIST. NO. **3025** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains</b>	
c. LENGTH OF STAY (in this place) <b>76 yrs</b>		0461	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>residence</b>		d. STREET ADDRESS (If rural, give location) <b>803 Hickory Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>MILINDA</b>	c. (Last) <b>WHITE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 9, 1951</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>Jan. 30, 1875</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____	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) <b>Tailor &amp; Seamstress</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Murrell Cleaners</b>	11. BIRTHPLACE (State or foreign country) <b>Howell County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>J.C. Richardson</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Dulcinea Bailey</b>	14. NAME OF HUSBAND OR WIFE <b>J. T. White</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>486-01-8908</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Fred Riley, West Plains, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Atherosclerosis</b> DUE TO (c) <b>Secondary Anemia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Secondary Anemia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443x</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **March 19, 1947**, to **6-9, 1951**, that I last saw the deceased alive on **6-8, 1951**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Bob Bohren M.D.</b>	23b. ADDRESS <b>West Plains Mo</b>	23c. DATE SIGNED <b>6-14-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>June 12, '51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Howell County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-18-51</b>	REGISTRAR'S SIGNATURE <b>Beatrice Cook</b> 379	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hal Thourbough, Plains, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DIVISION OF HEALTH OF MO.**  
District No. 5 - Springfield

RECEIVED **JUN 26 1951**

Dist. File \_\_\_\_\_  
Date Filed \_\_\_\_\_

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**DIVISION OF HEALTH OF MO.**  
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RECEIVED **JUN 26 1951**

Dist. File 631-1374  
Date Filed 6-27-51

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Hal Thourough

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.