

FILED AUG 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22675

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4196 Registrar's No. 66

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Winifred</u> b. (Middle) <u>Victor</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 18, 1894</u>	9. AGE (in years) (last birthday) <u>57</u> MONTHS <u>1</u> DAYS <u>28</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Depot Agent</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Burlington R.R.</u>	11. BIRTH PLACE (State or foreign country) <u>Mc Fall, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Maschil White</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Bechtel</u>	14. NAME OF HUSBAND OR WIFE <u>Elija O. Walker</u>
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>Maschil White, Darlington</u> ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bowels, and</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>large Colds.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	20. AUTOPSY? YES <input 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 June 1, 1951, to July 16, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE W. N. Williamson (Degree or title) Dr. 23b. ADDRESS DeWitt Mo 23c. DATE SIGNED July 17-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 18, 1951 24c. NAME OF CEMETERY OR CREMATORY Rose Cemetery 24d. LOCATION (City, town, or county) (State) Darlington, Mo.

DATE REC'D BY LOCAL REG. July 19-51 REGISTRAR'S SIGNATURE Maudie Williams 430 25. FUNERAL DIRECTOR'S SIGNATURE Clifford Cook ADDRESS Altany Mo

(Licensed Embalmer's Statement on Reverse Side)

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

380
1

FILED BY 211. Oct. 22 1951



SEP 27 1951
OCT 22 1951
OCT 5 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 me

working under my personal supervision.

Student Embalmer No.

Signed Charles Brooks

Signed.....

Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Henry } SS.

State File No. 22675
Local Registrar's No. 66

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17 day of October, 1951, before me appears

Clifford Brooks, who, upon oath, states that the original record of ^{birth} death

for Winifred Victor White died May 16, 1927, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 10A should read Depot Agent Burlington R. R.

Instead of Farmer

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Clifford Brooks none Relationship.

Geboany, Mo.
Present Address.

Subscribed and sworn to before me this 17 day of October, 1951.

My Commission expires Aug 6 - 1953 Margaret Kinnaman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

