

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23801

State File No.

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 29

1. PLACE OF DEATH
 a. COUNTY MONROE
 b. CITY OR TOWN RURAL - JACKSON
 c. LENGTH OF STAY (in this place) 11 YRS
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1 MI E. OF GOSS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY MONROE
 c. CITY OR TOWN RURAL, JACKSON TWP.
 d. STREET ADDRESS 1 MI E. OF GOSS (If rural, give location) 0690

3. NAME OF DECEASED
 a. (First) LOUIS b. (Middle) _____ c. (Last) WHITE
 4. DATE OF DEATH (Month) (Day) (Year) JULY 28, 1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH JULY 20, 1882 9. AGE (In years last birthday) Months Days Hours Mins. 69 0 8 - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME SAM WHITE 13b. MOTHER'S MAIDEN NAME ANGIE - LIERLY 14. NAME OF HUSBAND OR WIFE CALLIE - WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME WALLACE L. WHITE ADDRESS WATERLOO IA.

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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis
 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 _____ 20. AUTOPSY? YES NO

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) _____ 4221

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 2, 1951, to July 28, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 9:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE W. G. Barnett, M.D. (Degree or title) 23b. ADDRESS PARIS, MISSOURI 23c. DATE SIGNED 7-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 7-30-51 24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE 24d. LOCATION (City, town, or county) (State) PARIS, MISSOURI

DATE REC'D BY LOCAL REG. 8-3-51 REGISTRAR'S SIGNATURE W. G. Barnett, M.D. 435 FUNERAL DIRECTOR'S SIGNATURE Speed + Blakey Paris, Mo. ADDRESS _____

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

690
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Date Received: **AUG 7 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1409*
Date Filed: **AUG 7 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. H. Agnew

Signed.....

Student Embalmer

Licensed Embalmer No. **4000**

P. O. Address: **Paris, Missouri**

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.