No. 300
10.48

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Davis 26737
State File No.

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5556 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Howell 0460
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain View Galdsburg Tp
c. LENGTH OF STAY (In this place): 50yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mi N. E. Mtn View

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain View - Galdsburg Tp
d. STREET ADDRESS (If rural, give location): 1 Mi N-E. Mtn View

3. NAME OF DECEASED (Type or Print)
a. (First): Lula
b. (Middle): Ellen
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): July 23-1951

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 28-1870
9. AGE (In years last birthday): 80 — If under 1 year: Months 9, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Phelps Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jr. Wallace
13b. MOTHER'S MAIDEN NAME: Rachel Wallace
14. NAME OF HUSBAND OR WIFE: W. J. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Oliver Wallace Birch Tree, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholocystitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 585x
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 21, 1951, *to* July 23, 1951, *that I last saw the deceased alive on* July 23, 1951, *and that death occurred at* 10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. I. Davis M.D.
23b. ADDRESS: Birch Tree Mo
23c. DATE SIGNED: 8-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-25-51
24c. NAME OF CEMETERY OR CREMATORY: Mtn View
24d. LOCATION (City, town, or county) (State): Mountain View, Mo

DATE REC'D BY LOCAL REG.: 8-26-51
REGISTRAR'S SIGNATURE: Laura Mitchell 126
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duncan Funeral Home Mtn View, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED AUG 28 1951
Dist. File 851-1557
Date Filed 8-28-51

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 Joe F. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt. View, 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.