

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27567

BIRTH NO. 9571-57 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 162

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| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> | |
| c. LENGTH OF STAY (in this place) <u>5 MO.</u> | | d. STREET ADDRESS (If rural, give location) <u>317 Beverly</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u> | | | |

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|--|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>Anthony Raydell White</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 6, 1951</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NM</u> | 8. DATE OF BIRTH <u>February 14, 1951</u> | 9. AGE (In years last birthday) <u>5</u> | IF UNDER 1 YEAR Month <u>22</u> Day |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Brookfield, Missouri</u> | |
| 13a. FATHER'S NAME <u>Raydell White</u> | | 13b. MOTHER'S MAIDEN NAME <u>Joyce Harris</u> | | 14. NAME OF HUSBAND OR WIFE | |

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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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Harris, Brookfield, Mo.</u> | |
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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 <u>12 hrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | |
| DUE TO (b) <u>Pyelo-nephritis</u> | | 36 hrs. | |
| DUE TO (c) <u>Acute enteritis, recurrent</u> | | 3 des | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>5710</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 8-5, 1951, to 8-6, 1951, that I last saw the deceased alive on 8-6, 1951, and that death occurred at 6:00p m., from the causes and on the date stated above.

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|---|--|---|--|--|--|
| 23a. SIGNATURE <u>L. C. Enoch</u> (Degree or title) | | 23b. ADDRESS <u>12170 Wood - Brookfield, Mo.</u> | | 23c. DATE SIGNED <u>8-8-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug. 8, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u> | | | | | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>8-11-51</u> | | REGISTRAR'S SIGNATURE <u>J. H. Brown</u> <u>167</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wright Funeral Home, Brookfield, Mo.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1582

0582

Date Received: AUG 20 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-57-1463
Date Filed: AUG 21 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.....

Harold B. Wright

Signed.....

Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.