

FILED OCT 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34290

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4300 Registrar's No. 16

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) OR TOWN <u>Laclede</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laclede</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		0580	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RACHEL</u>	b. (Middle) <u>C.</u>	c. (Last) <u>WHITE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-9-51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-23-1859</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	IF UNDER 48 HRS. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Pleasant City, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jacob P. <del>White</del> <sup>Chiper</sup></u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Peter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Killow G. J. White, Laclede, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Colon</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>✓</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>✓</u>		
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 <input type="checkbox"/> NO <input checked="" 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) <u>153 X</u>
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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? _____
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22. I hereby certify that I attended the deceased from March 1951 to Oct 9, 1951, that I last saw the deceased alive on Oct 8th, 1951, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. B. Simpson, D.D.</u>	23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>10/11/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10-12-51 Burial</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 12-1951</u>	REGISTRAR'S SIGNATURE <u>Chris A. Martens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brother Funeral Home</u>	ADDRESS <u>Laclede, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

580

OCT 22 1951

Date Received:  
DISTRICT HEALTH OFFICE #2  
District File Number 10-51-187  
Date Filed: OCT 23 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer .

Signed WR Wright

Licensed Embalmer No. 4655

P. O. Address Laclide 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.