

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34402

State File No. ....

FILED NOV 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt (Rural)</u>	c. LENGTH OF STAY (In this place) <u>3 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt (Rural)</u>	<u>0670</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Byrds Point community</u>		d. STREET ADDRESS (If rural, give location) <u>Byrds Point community</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 8, 1901</u>	9. AGE (In years last birthday) <u>50</u>	if UNDER 1 YEAR Months <u>7</u> Days <u>16</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Annie White</u>	
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Annie White, Gen. Del. Wyatt, Mo.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Degeneration</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		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)	
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 Feb 1951, to Oct 19, 1951, that I last saw the deceased alive on Oct 19, 1951, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. P. Benton, D.O.</u>		23b. ADDRESS <u>Wyatt, Mo.</u>		23c. DATE SIGNED <u>10/23/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 19, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>10-25-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. L. J. Kilgore</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. J. Sparks Charleston, Mo.</u>		
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed NOV 2 HEL

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**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 \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

**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.