No. 300
10-48

FILED JAN 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 42289

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 401

#644

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 2016 Hope

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 2016 Hope

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

4. DATE OF DEATH (Month) (Day) (Year): December 20, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 13, 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 2, Days 7 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Frank White
13b. MOTHER'S MAIDEN NAME: Nancy Blackwood
14. NAME OF HUSBAND OR WIFE: Martha White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 488 18 5670
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Martha White Hannibal Missouri

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) terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) uremic posioning — 5 days
DUE TO (c) metastatic CA — 6 months

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)
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* 11/21/51, 19__, *to* 12/20/51, 19__, *that I last saw the deceased alive on* 12/19/51, 19__, *and that death occurred at* 11:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. E. Buttzman M.D.F.A.C.S
23b. ADDRESS: 115 N. 5th St., Hannibal, Mo
23c. DATE SIGNED: 12/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/24/51
24c. NAME OF CEMETERY OR CREMATORY: New Providence Church
24d. LOCATION (City, town, or county) (State): BenBow Missouri

DATE REC'D BY LOCAL REG.: 12-26-51
REGISTRAR'S SIGNATURE: H C Fishen H E M Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W. Crawford Smith Hannibal Missouri

187-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 2 1952
MO. HEALTH DEPT.
DATE FILED JAN 2 1952

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 John S. Grand

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.