

FILED DEC 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42387

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5926 Registrar's No. 45

1720
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Conran		c. CITY (If outside corporate limits, write RURAL and give township) Conran	
c. LENGTH OF STAY (In this place) 10 Yrs.		d. STREET ADDRESS (If rural, give location) e	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Edward		c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) Dec. 4 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 11, 1885	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Spencer County, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Absolom White		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME J. E. White	
				ADDRESS Portageville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Shot himself with		DUE TO (b) 22 rifle about the			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) heart			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E976X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, field, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid. Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12/4/51 6:08 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot himself.	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:08 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ed August 3 Carone		(Degree or title)		23b. ADDRESS New Madrid. Mo.		23c. DATE SIGNED 12/6-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 6, 1951		24c. NAME OF CEMETERY OR CREMATORY Mounds Park Cemetery		24d. LOCATION (City, town, or county) (State) Lilbourn Missouri	
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DATE REC'D BY LOCAL REG. 12-6-51		REGISTRAR'S SIGNATURE H. L. Ponder Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home		ADDRESS Lilbourn, Mo.	
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RECEIVED

DEC 13 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....
Student Embalmer

Signed *Herbert J. San Jr.*.....

Licensed Embalmer No. *4800*.....

P. O. Address *Postageville*.....

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.