

FILED FEB 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

544

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5212 Registrar's No. 6

0180  
1

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren (rural)</u>	
c. LENGTH OF STAY (in this place) <u>3.5 years</u>		d. STREET ADDRESS (If rural, give location) <u>own home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		0180	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Brandie</u> c. (Last) <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 10 1883</u>
9. AGE (in years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
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>livestock</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>H. J. White</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Browning</u>	14. NAME OF HUSBAND OR WIFE <u>Curty 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. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Curty White Van Buren 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  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	
19a. DATE 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-28</u> , 19 <u>52</u> , to <u>1-31</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-28</u> , 19 <u>52</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank P. ...</u>		23b. ADDRESS <u>Van Buren Mo.</u>	23c. DATE SIGNED <u>2-1-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 3, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grassham</u>	24d. LOCATION (City, town, or county) (State) <u>Carter Co Rural Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 5-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>	50-20	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Seaton Hewitt</u>

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Seaton Jewitt.....

Licensed Embalmer No. 2287.....

P. O. Address Van Buren 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.