

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17113

State File No.

FILED MAY 22 1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3036 Registrar's No.

0551
3

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA</u> <u>0551</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>215 W. Church</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>White Hdwe Store</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>PROCTOR</u>	c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 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>Dec. 22, 1882</u>	9. AGE (In years last birthday) <u>69</u> if under 1 year <u>4</u> Months <u>20</u> Days
--------------------	-------------------------------	---	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HWY DEPT (HANT)</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	--	--	--

13a. FATHER'S NAME <u>John Alמוש White</u>	13b. MOTHER'S MAIDEN NAME <u>Lou Belle Proctor</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude White</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>499-18-6097</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude White</u>	ADDRESS <u>215 W. Church</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Angina Pect.</u> rise to the above cause (a) stating the underlying cause last.		
	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	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 April 28, 1952 to May 12, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 11230 M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. B. Horton, M.D.</u> (Degree or title)	23b. ADDRESS <u>Aurora, Mo</u>	23c. DATE SIGNED <u>May 14 52</u>
--	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>AURORA, MO</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May 19 52</u>	REGISTRAR'S SIGNATURE <u>Osra Mc Natt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar L. Marsh</u>	ADDRESS <u>Aurora Mo</u>
---	---	--	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

FILED 9 2 1912

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Gene Harriet*

Licensed Embalmer No. *4809*

P. O. Address *Aurora, 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.