

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **692**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (In this place) 17 YRS.		d. STREET ADDRESS (If rural, give location) 1617 E. PORTLAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) ORVILLE	b. (Middle) B.	c. (Last) WHITE	4. DATE OF DEATH (Month) (Day) (Year) JULY 19, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 2 1904	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMANAGER	10b. KIND OF BUSINESS OR INDUSTRY NUTRENA FEEDS	11. BIRTHPLACE (City and State or Foreign Country) TAZEWELL VIRGINIA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SHADE AGUSTA WHITE	13b. MOTHER'S MAIDEN NAME MINNIE AGNES BROWN	14. NAME OF HUSBAND OR WIFE GENIVIE WHITE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 510-10-3600	17. INFORMANT'S SIGNATURE OR NAME MRS. GENIVIE WHITE	ADDRESS SPRINGFIELD, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain concussion		Fracture of skull		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Avalulsion of scalp		
ANTECEDENT CAUSES		DUE TO (c) Traumatic amputation of left arm		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Perforation transverse colon, left diaphragm and pneumothorax		
II. OTHER SIGNIFICANT CONDITIONS		Shock		
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? 155 YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lawrence, Missouri
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21d. TIME (Month) (Day) (Year) (Hour) July 19 1952	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car wreck
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22. I hereby certify that I attended the deceased from **July 19, 1952**, to **July 19, 1952** that I last saw the deceased alive on **July 19, 1952**, and that death occurred at **5:35P m.**, from the causes and on the date stated above.

23a. SIGNATURE Don J. Goss M.D. (Degree or title)	23b. ADDRESS 609 Cherry Street, Springfield	23c. DATE SIGNED 7-22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7/22/52	24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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DATE REC'D BY LOCAL REG. 7-23-52	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Aug 6 1952

125
186

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 Lucas J. Swadby

Licensed Embalmer No. 4815

P. O. Address Springfield

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.