

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35576**

No. 300
10-452
OCT 27 1952

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

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 5646		Registrar's No. 179	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marionville		c. LENGTH OF STAY (In this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 1, Marionville		0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) Rural Buckprarie Twship			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) William c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) October 21, 1952				
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 8, 1899	
9. AGE (In years last birthday) 53		10. UNDER 1 YEAR (Months) 6		11. UNDER 1 YEAR (Days) 13		12. UNDER 1 MIN. (Hours) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Rural #1 Marionville, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME James M. White			13b. MOTHER'S MAIDEN NAME Ellen Gray		14. NAME OF HUSBAND OR WIFE June White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. 500-01-6109		17. INFORMANT'S SIGNATURE OR NAME Mrs. June White, Marionville Mo. ADDRESS _____		
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency					2 yrs.
		DUE TO (c) Arteriosclerosis genl.					10 yrs.
		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 4201					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) _____		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 11 October, 1950 , to 21 October, 1952 , that I last saw the deceased alive on 25 October, 1951 , and that death occurred at 9:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Ramsey M.D.				23b. ADDRESS Marionville, Mo.		23c. DATE SIGNED 22 Oct. 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) Marionville, Mo.	
DATE REC'D BY LOCAL REG. Oct. 23, 1952		REGISTRAR'S SIGNATURE Orsa Mc Natt 157		25. FUNERAL DIRECTOR'S SIGNATURE J.B. Surrige		ADDRESS Marionville, Mo.	

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

Herman Ferridge

Licensed Embalmer No. *3072*

P. O. Address *Marionville, 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.