

STANDARD CERTIFICATE OF DEATH

State File No. **38406**

FILED DEC 3 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>GRANDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GILMAN CITY 0411</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WRIGHT HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>GLADYS WHITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-24-1952</u>			
a. (First) <u>GLADYS</u>		b. (Middle) _____		c. (Last) <u>WHITE</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 14-1875</u>	9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR Months <u>8</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HARRISON CO. MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>						

13a. FATHER'S NAME <u>JAMES HAGERTY</u>	13b. MOTHER'S MAIDEN NAME <u>HESTER TURLEY</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE 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. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walt White - Gilman City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</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 _____	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 Nov 1st, 1952, to Nov 24th, 1952; that I last saw the deceased alive on Nov 24th, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Oliver F. Juby MD</u>	23b. ADDRESS <u>Trenton MO</u>	23c. DATE SIGNED <u>Nov 28th</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ATLANTA Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Gilman City MO 1952</u>		
DATE REC'D BY LOCAL REG. <u>11-28-52</u>	REGISTRAR'S SIGNATURE <u>Jene Jui</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Doyle E. Williamson</u>

O.F. 104734

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10. 48
How
402
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Boyle E. Wilkinson

Licensed Embalmer No. 4883

P. O. Address.....

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.