

FILED DEC 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 39211

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 375	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		<u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1209 S. Monticello</u>				d. STREET ADDRESS (If rural, give location) <u>1209 S. Monticello</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>MARION</u>		c. (Last) <u>WHITE</u>	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>30</u>		(Year) <u>1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH last birthday <u>July 4 - 1877</u>	
9. AGE (In years)		if UNDER 1 YEAR Month <u>7</u> Day <u>4</u>		if UNDER 1 YEAR Month <u>7</u> Day <u>4</u>		if UNDER 1 YEAR Hours <u>26</u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY WHITE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WHITE</u>		14. NAME OF HUSBAND OR WIFE <u>MILLIE 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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs J. W. Morris - SEDALIA, 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>Pneumonia - virus type</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 day</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) <u>Scrub typhus</u> the underlying cause (b) <u>Due to (c) Mucocutaneous Chorea</u> 10 years 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 <u>492X</u>		20. AUTOPSY? YES ☐ NO ☒			
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) (Minute) (Second) m. _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Nov 20</u> , 19 <u>52</u> , to <u>Nov 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 30</u> , 19 <u>52</u> , and that death occurred at <u>11A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. DeShane MD</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>12-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 30 - 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES CITY</u>		24d. LOCATION (City, town, or county) (State) <u>VERSAILLES, MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 30/1952</u>		REGISTRAR'S SIGNATURE <u>W. F. Kidwell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Kidwell - Versailles Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.