

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44371**

FILED DEC 30 1952

BIRTH NO. _____

REG. DIST. NO. **366**PRIMARY REG. DIST. NO. **6241**Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY OR TOWN Rural - Bretton Twp.		c. CITY (If outside corporate limits, write RURAL and give township) 1103 OR TOWN Rural - Bretton Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Mineral Point		d. STREET ADDRESS (If rural, give location) Near Mineral Point	
3. NAME OF DECEASED a. (First) Peter (Type or Print)		b. (Middle) _____ c. (Last) White	
4. DATE OF DEATH Dec 18 1952 (Month) (Day) (Year)		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH July 10 1883		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 5 Days 10 IF UNDER 12 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during what of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elie White		13b. MOTHER'S MAIDEN NAME Mary Bone	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Fred White Nestogemo. 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart lesion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. mental deficiency	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4214	
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 June 7, 1930 , to 12-18, 1952 , that I last saw the deceased alive on 12/17, 1952 , and that death occurred at 6 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE Joseph L. Fleuman, M.D. (Degree or title)		23b. ADDRESS Potosi, Mo.	
23c. DATE SIGNED 12-20-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12-20-52		24c. NAME OF CEMETERY OR CREMATORY Pond Creek Cem.	
24d. LOCATION (City, town, or county) (State) Washington Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE Eduald Mrs. Luther Spahr ADDRESS Potosi Mo	
DATE REC'D BY LOCAL REG. 12/20/52		REGISTRAR'S SIGNATURE 403-10	

(Licensed Embalmer's Statement on Reverse Side)

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

100 B 11111

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Fla River 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.