

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2501**

FILED JAN 20 1953

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		1504	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 1728 E. 6th			
3. NAME OF DECEASED (Type or Print) a. (First) FIMER b. (Middle) FORREST c. (Last) White				4. DATE OF DEATH (Month) (Day) (Year) Jan 14 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH (In Year) (Month) (Day) (Hour) (Min.) Oct 8 - 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse foreman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Johnson Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm Allen White		13b. MOTHER'S MAIDEN NAME Alice Oliver		14. NAME OF HUSBAND OR WIFE Lottie White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 702-18-1743		17. INFORMANT'S SIGNATURE OR NAME Mrs Lottie White		ADDRESS Sedalia	
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) Broncho-pneumonia.				INTERVAL BETWEEN ONSET AND DEATH 4 days.			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza.				5 days.			
DUE TO (c) xxx Influenza infection-pneumonia. xxx				xxx			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. xxxx							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		480x	
21a. ACCIDENT (Specify) No to all.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) No Inj-ury.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR No injury.			
22. I hereby certify that I attended the deceased from Jan, 10, 53 , 19____, to Jan, 14, 1953 , that I last saw the deceased alive on Jan 14 1953 , and that death occurred at 9:53 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. D. Thader M.D.				23b. ADDRESS 112 W. 4th Street, Sedalia, Mo.		23c. DATE SIGNED Jan 16, 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-17-1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg Mo	
DATE REC'D BY LOCAL REG. 1-17-1953		REGISTRAR'S SIGNATURE W. J. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. C. Laughlin Bros Sedalia			

(Licensed Embalmer's Statement on Reverse Side)

251-10

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

JAN 26 1953

APR 7

1934

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

K P M. Lary

Licensed Embalmer No. *31530*

P. O. Address *Dedalia, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Pettis } ss.

State File No. 25-01

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 30th day of January, 1953, before me appears Mrs. Lottie White, who, upon her oath, states that the original record of ~~birth~~ death for Elmer Forrest White, died Jan. 14, 1953, in the State of Missouri, and which was filed at Sedalia, Mo. on 1-17, 1953, should be corrected as follows:

- Item No. 9 should read 62-3-6
Instead of 63-3-6
Item No. 15 should read Yes - Philippine Insurrection - 1908
Instead of No
Item No. _____ should read _____
Instead of _____
Item No. _____ should read _____
Instead of _____
Item No. _____ should read _____
Instead of _____
Item No. _____ should read _____
Instead of _____
Item No. _____ should read _____
Instead of _____
Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Mrs. Lottie White Wife
Relationship. _____
1728 E. 6th St.
Present Address.

Subscribed and sworn to before me this 30th day of January, 1953

My Commission expires Dec. 5, 1953 Mabel Craft Notary Public.

FEB 3 1953

S-2501