

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8928

State File No. ....

No. 300  
10.48

APR 6 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>385</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>most of life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0117</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Huntoon Road</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Riley</u>		c. (Last) <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 9, 1915</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months   Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Artesian Ice Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Imogene, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James White</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Huff</u>			14. NAME OF HUSBAND OR WIFE <u>Sarah</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>497-30-6046</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sarah White, R.R.#2, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Deterium Tremens</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Alcoholism</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>  <u>2-3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>3221</u>					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 <u>Dec 2, 1951</u> , to <u>March 29, 1953</u> , that I last saw the deceased alive on <u>March 29, 1953</u> , and that death occurred at <u>3:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Christ Higgins M.D.</u>				23b. ADDRESS <u>1302 Farson at St Joseph Mo</u>		23c. DATE SIGNED <u>3-30-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/2/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>April 2, 1953</u>		REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u>		ADDRESS <u>Funeral Home St Joseph Mo.</u>		

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

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**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

*William Spalding*

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th St. St. Joseph, 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.