

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10309

State File No. _____ Registrar's No. 52

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5028

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, H. institutional residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 408 E. 3rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McGuire Brooks Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle) Thomas	c. (Last) White	4. DATE OF DEATH (Month) (Day) (Year) March 14, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-24-1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Ret'd	11. BIRTHPLACE (City and State or Foreign Country) Clay City, Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Mattie Largent White
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. W. Bowman, Route # 1, Diamond, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia		12 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracure head of rt. Humerus DUE TO (c) Chronic Asthma		1 1/2 days ? yes
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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from January 2, 19 53, to March 14, 19 53, that I last saw the deceased alive on March 13, 19 53, and that death occurred at 6:50A m., from the causes and on the date stated above.

23a. SIGNATURE M. D.	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 3-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-16-53	24c. NAME OF CEMETERY OR CREMATORY Sterling Cemetery	24d. LOCATION (City, town, or county) (State) Jasper Co., Mo.
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DATE REC'D BY LOCAL REG. 3-16-53	REGISTRAR'S SIGNATURE L. B. Clenton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home, Carthage, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

0493

RECEIVED 3-27-53
Jasper County Health Office

County File Number 53/3/274

Date Filed 3-27-53

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 _____

Ed. C. Ulmer, Jr.

Student Embalmer No. 481

working under my personal supervision.

Student *Ed. C. Ulmer, Jr.*
Student Embalmer

Signed *William B. Cozart*

Licensed Embalmer No. 4820

P. O. Address *College, 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.