S. No. 300
Rev. 10-48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13737

BIRTH NO. 14057 REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6290 Registrar's No. 23

0300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural S.Benton 0300
d. STREET ADDRESS (If rural, give location): Elkland, Mo. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Polly Ann
b. (Middle):
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): April 22-1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0
8. DATE OF BIRTH: April 2/1953
9. AGE (In years last birthday): If under 1 year: Months / Days 20; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dallas County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Hubert White
13b. MOTHER'S MAIDEN NAME: Helen Hartwell
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Hubert White Elkland, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute laryngeo-tracheo-bronchitis (unspecified)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 500X

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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) 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* April 22nd, only, *to* _____, 19___, *that I last saw the deceased alive on* April 22, 1953, *and that death occurred at* 8:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph G. Bennett D.O. D.O.
23b. ADDRESS: Buffalo, Missouri
23c. DATE SIGNED: 2/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/24/1953
24c. NAME OF CEMETERY OR CREMATORY: Macedonia
24d. LOCATION (City, town, or county) (State): Dallas County, Mo.

DATE REC'D BY LOCAL REG.: 4/27/53
REGISTRAR'S SIGNATURE: Grace Peters 80
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Montgomery Funeral Home Buffalo, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.