

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17790**

FILED JUN 2 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> <u>04024</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> <u>0402</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1609 N. MAIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Thomas</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAY 18 1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milling Business</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>0</u>					

13a. FATHER'S NAME <u>Edward Gott White</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CRANE</u>		14. NAME OF HUSBAND OR WIFE <u>ANNIE LAURIE Duffy White (ec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>140 -</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold J. White</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardites</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) _____		
11. 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 <u>422.1</u>	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)
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 8-7-, 1943 to 5-15-, 1953, that I last saw the deceased alive on 5-14-, 1953 and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. Susan W. [Signature]</u> (Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>5-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 18 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Florence</u>	24d. LOCATION (City, town or county) (State) <u>Montgomery Mo</u>
DATE REC'D BY LOCAL REG. <u>5-18-53</u>	REGISTRAR'S SIGNATURE <u>Jane [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maria Blackmore</u> ADDRESS <u>Trenton Mo</u>	

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

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 Harold S. Roberts

Licensed Embalmer No. 4920

P. O. Address Trenton, 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.