

FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21404**

BIRTH NO. _____		REG. DIST. NO. <b>139</b>		PRIMARY REG. DIST. NO. <b>4221</b>		Registrar's No. <b>39</b>		
1. PLACE OF DEATH a. COUNTY <b>Holt</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mound City</b>		c. LENGTH OF STAY (in this place) <b>2 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Corning</b>		d. STREET ADDRESS (If rural, give location) <b>0440</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mound City, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>0440</b>				
3. NAME OF DECEASED (Type or Print) <b>Annette</b>			a. (First)		b. (Middle)		c. (Last) <b>White</b>	
4. DATE OF DEATH <b>June 15, 1953</b>		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Nov. 29, 1870</b>		9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR: Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In the home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. George - Utah</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Thomas J. White</b>		13b. MOTHER'S MAIDEN NAME <b>Harriett Jones</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Pearl Smith - Corning, Mo.</b> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>		
		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. <b>arterio sclerosis</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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) (Min.)		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 <b>6-13, 1953</b> to <b>6-15, 1953</b> that I last saw the deceased alive on <b>6-13, 1953</b> and that death occurred at <b>4 P</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>F E Hogan MD</b>				23b. ADDRESS <b>Mound City Mo</b>		23c. DATE SIGNED <b>6-17-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial &amp; removal</b>		24b. DATE <b>6/18/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mound Hope</b>		24d. LOCATION (City, town, or county) (State) <b>Corning Mo.</b>		
DATE REC'D BY LOCAL REG. <b>6/18/53</b>		REGISTRAR'S SIGNATURE <b>James H. Crawford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilbur L. Scholer - Craig, Mo.</b> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

0440

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 \_\_\_\_\_

*myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Wilber L. Scholer*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.