

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22437**

FILED JUL 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5923** Registrar's No. **213**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pettis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Sedalia</b>		c. LENGTH OF STAY (In this place) <b>1 1/2 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Buena Vista Home</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Sedalia</b>	
f. STREET ADDRESS (If rural, give location) <b>Sedalia, RR# 4</b>		g. FULL NAME OF DECEASED (Type or Print) <b>MARY</b>	

a. (First) <b>MARY</b>	b. (Middle) <b>E.</b>	c. (Last) <b>WHITE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1953</b>
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5. SEX <b>Fe</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 16, 1869</b>	9. AGE (In years less birthday) <b>84</b>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 1 YEAR: Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Osceola, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Chester Anderson, Sedalia, Mo.</b>
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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.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Fractured Hip (Surgically)</b> DUE TO (c) <b>Trauma</b>	INTERVAL BETWEEN ONSET AND DEATH
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 <b>E9037 45</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>1080</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **May 15, 1953**, to **June 21, 1953** that I last saw the deceased alive on **June 15, 1953**, and that death occurred at **10:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. Swavely M.D.</b>	23b. ADDRESS <b>Sedalia MO</b>	23c. DATE SIGNED <b>6/22/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 23, 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Iconium Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Iconium, Missouri</b>
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DATE REC'D BY LOCAL REGS. <b>6-29-53</b>	REGISTRAR'S SIGNATURE <b>W. Campbell</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Campbell Sedalia, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKING A PERMANENT RECORD

JUL 7 1953

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 Russell C. Maag

Licensed Embalmer No. 4807

P. O. Address Sedalia, 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.