

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 19 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bernie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 11 53</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>10-21-1878</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR: Months <u>6</u> Days <u>20</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Gary, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>G, White</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Mae White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Wm. A. White</u>		17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 May 11, 1953 to May 11, 1953, that I last saw the deceased alive on May 11, 1953, and that death occurred at 11:50 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. W. McPherson, M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>5/11/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>	
		24d. LOCATION (City, town, or county) <u>Near Clarkton, Mo.</u>		(State)	

DATE REC'D BY LOCAL REG. <u>8/13/53</u>		REGISTRAR'S SIGNATURE <u>R. H. McPherson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd M. Russell</u>	
				ADDRESS <u>Lloyd M. Russell, Poplar Bluff, Ark.</u>	

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

RECEIVED

AUG 17 1953
BUTLER CO. HEALTH CENTER

FILE No. _____

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russee

Licensed Embalmer No. 509- Ark

P. O. Address Figgott, Ark.

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.