S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29180

BIRTH NO. FILED SEP 10 1953 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 90

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lexington Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higginsville
d. STREET ADDRESS (If rural, give location): Fairground Avenue

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

4. DATE OF DEATH (Month) (Day) (Year): August 27 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: November 13, 1887
9. AGE (In years last birthday): 65 — If under 1 year: Months 9, Days 15 — If under 24 hrs.: Hours 11, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tire & Battery Serv.
10b. KIND OF BUSINESS OR INDUSTRY: Auto
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William White
13b. MOTHER'S MAIDEN NAME: Elizabeth McDonald
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 500-10-5214
17. INFORMANT'S SIGNATURE OR NAME: Charles Ray — ADDRESS: Higginsville

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): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 3 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Congestive failure — Several months
DUE TO (c): A.S.H.D. — Several yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
C.V.A. — 1 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
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* 8-13-53, 1953, *to* 8-27, 1953, *that I last saw the deceased alive on* 8-27, 1953 *and that death occurred at* 12:10 N, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilbur E. Fulkerson M.D.
23b. ADDRESS: Higginsville Mo.
23c. DATE SIGNED: 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 29, 1953
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Higginsville Missouri

DATE REC'D BY LOCAL REG.: 8-31-53
REGISTRAR'S SIGNATURE: Minnie E. Eustatiwicz
25. FUNERAL DIRECTOR'S SIGNATURE: G. Jackson Hader — ADDRESS: Higginsville

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1959

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 Forest Rickhof

Licensed Embalmer No. 4284

P. O. Address Higginsville 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.