

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34857**

FILED OCT 5th 1953

BIRTH NO. _____ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **6267** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster	
b. CITY OR TOWN Rural Jackson c. LENGTH OF STAY (in this place) 12 years		c. CITY OR TOWN Rural Jackson 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 9 miles North East of Marshfield Mo	
3. NAME OF DECEASED (Type or Print) Rebecca S. White		4. DATE OF DEATH (Month) Sept (Day) 15 (Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 30 1890
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) Webster County Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Jacob Price
13b. MOTHER'S MAIDEN NAME Maliekin	14. NAME OF HUSBAND OR WIFE Arthur	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NO
17. INFORMANT'S SIGNATURE OR NAME Lester White ADDRESS Elkland Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Hypertensive heart Disease DUE TO (c) Arteriosclerosis		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 443X	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) (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 6-6 , 19 53 , to 9-15 , 19 53 , that I last saw the deceased alive on 9-4 , 19 53 , and that death occurred at 9:30 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Blinn 2. M.D.		23b. ADDRESS Marshfield, Mo.	23c. DATE SIGNED 9/17/53
24a. BURIAL - CREMATION REMOVAL (Specify) Burial	24b. DATE Sept 17 1953	24c. NAME OF CEMETERY OR CREMATORY Timber Ridge	24d. LOCATION (City, town, or county) (State) Webster County Mo
DATE REC'D BY LOCAL REG. 9-30-53	REGISTRAR'S SIGNATURE Blancett	25. FUNERAL DIRECTOR'S SIGNATURE Barber-Barto	ADDRESS Marshfield Mo

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

120
1

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 Glen S Williams

Licensed Embalmer No. 4651

P. O. Address Marsfield Me

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.