.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39471

State File No. .....

BIRTH NO. 9602 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 518

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

0

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 9 MOS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FREEMAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 914 CONNOR

0445 0

3. NAME OF DECEASED (Type or Print)
a. (First): KENTON
b. (Middle): ROBERT
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): NOV. 16 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0
8. DATE OF BIRTH: FEB 8, 1953
9. AGE (In years last birthday): If under 1 year: Months 9, Days 8; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): JOPLIN, MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ROBERT F. WHITE
13b. MOTHER'S MAIDEN NAME: WILMA M. SPANGLER
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ROBERT F. WHITE
ADDRESS: 916 CONNOR

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): Irreversible acidosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): acute gastroenteritis — 3 days
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: 5710
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* 2-8, 1953, *to* 11-16, 1953, *that I last saw the deceased alive on* 11-16, 1953, *and that death occurred at* 11:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John B. Sutphin, M.D. 0
23b. ADDRESS: 631 Frisco Bldg, Joplin, Missouri
23c. DATE SIGNED: 11-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV. 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: MT. HOPE
24d. LOCATION (City, town, or county) (State): WEBB CITY MO

DATE REC'D BY LOCAL REG.: 11-18-53
REGISTRAR'S SIGNATURE: Ed James 138 by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: HURLBUT GLOVER
ADDRESS: JOPLIN, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 2 5 1953
Jasper County Health Office
County File Number 937
Date Filed NOV 2 5 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4 9 5

P. O. Address Joplin, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.