

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

715

State File No.

FILED FEB 4 1954

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home of Joe Brown</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cordelia</u> b. (Middle) _____ c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-28-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-1-1869</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Hartwood, P. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph ZEMAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARIA Noonan</u>	14. NAME OF HUSBAND OR WIFE <u>Robt E. White Dec'd</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Cordelia Brown</u>	ADDRESS <u>332x Cuba, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia</u>		<u>12 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral and generalized Arteriosclerosis</u>		<u>20 yrs</u>
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>332x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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? _____
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22. I hereby certify that I attended the deceased from June, 1947, to Jan 28 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 2:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. E. Elders</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>1/30/1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-30-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-30-1954</u>	REGISTRAR'S SIGNATURE <u>J. A. Shanks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Shanks</u>	ADDRESS <u>Cuba, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

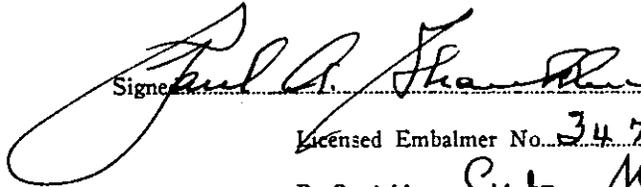
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.