

FILED JAN 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. 2124

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b> <b>0690</b>	
c. LENGTH OF STAY (in this place) <b>8 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>W. MONROE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>W. MONROE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLYDE</b> b. (Middle) <b>CLIFFORD</b> c. (Last) <b>WHITE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 18, 1954</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>SEPT. 14, 1891</b>		9. AGE (In years last birthday) <b>62</b>		10. IF UNDER 1 YEAR Days <b>-</b> IF UNDER 6 HRS. Min. <b>-</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NEWSPAPER</b>		11. BIRTHPLACE (State or foreign country) <b>RUICKER, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>THOS. WHITE</b>		13b. MOTHER'S MAIDEN NAME <b>N. K.</b>		14. NAME OF HUSBAND OR WIFE <b>NETTIE MARIE WHITE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give way or dates of service) <b>✓</b>		16. SOCIAL SECURITY NO. <b>490-10-4457</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. HELEN SINE, PARIS, MO.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>13 yrs.</b>
		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			20. AUTOPSY? <b>4222</b> YES <input type="checkbox"/> NO <input 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 **12-8-1949**, to **1-18-1954**, that I last saw the deceased alive on **1-16-1954**, and that death occurred at **12:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>F. A. Barnett M.D.</b>		23b. ADDRESS <b>PARIS, MO.</b>		23c. DATE SIGNED <b>1-18-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-20-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>STOUTSVILLE</b>		24d. LOCATION (City, town, or county) (State) <b>STOUTSVILLE, MO.</b>	
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DATE REC'D BY LOCAL REG. <b>1-18-54</b>		REGISTRAR'S SIGNATURE <b>435-C</b> <b>F. A. Barnett, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Speed-Blaney, PARIS, MISSOURI</b>	
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**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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address. PARIS, MISSOURI

**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.