

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7621**

FILED MAR 17 1954 REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **62**

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|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville | | c. CITY OR TOWN Shelbyville | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 4 das | | e. STREET ADDRESS (If rural, give location) R. F. D. #2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION K. O. H. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) E. c. (Last) White | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 12, 1954 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 19, 1879 |
| 9. AGE (In years) (Months) (Days) (Hours) (Min.) 74 | | 11. BIRTHPLACE (City and State or Foreign Country) Desoto County, Miss. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Alfred Walter White | | 13b. MOTHER'S MAIDEN NAME Mary Gartrell | 14. NAME OF HUSBAND OR WIFE Lillian Wilson |
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian White, Shelbyville, Mo. |
| 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) Hypertension & Syphilis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Pulmonary Emphysema & Gangrene Left Leg. DUE TO (c) Myocardial Infarction with Coronary & Generalized Arteriosclerosis | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 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) Shelbyville, Shelby, Mo. | |
| 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 <u>MAY 9, 1954</u>, to <u>MAY 12, 1954</u>, that I last saw the deceased alive on <u>MAY 11, 1954</u>, and that death occurred at <u>6:40 A.M.</u>, from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) David W. Boone MD | | 23b. ADDRESS Kirksville, Mo. | 23c. DATE SIGNED 8/12/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3/12/54 | 24c. NAME OF CEMETERY OR CREMATORY New Bethlehem | 24d. LOCATION (City, town, or county) (State) Harnando, Miss. |
| DATE REC'D BY LOCAL REG. 3-12-54 | REGISTRAR'S SIGNATURE Kate Lambert | 25. FUNERAL DIRECTOR'S SIGNATURE Robert C. ... | ADDRESS Kirksville, Mo. |

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.....
Signature of Student Embalmer

Signed *Richard W. Randall*.....

Licensed Embalmer No...*486*

P. O. Address *Kirkwood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.