

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7622**

FILED APR 7 1954
BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 74

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| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u> | |
| b. CITY OR TOWN <u>Kirksville</u> | c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u> | c. CITY OR TOWN <u>Kirksville</u> <u>0013</u> <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1112 E. Alexander</u> | | d. STREET ADDRESS (If rural, give location) <u>1112 E. Alexander</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce</u> b. (Middle) <u>Ann</u> c. (Last) <u>White</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March</u> <u>23</u> <u>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>0</u> | 8. DATE OF BIRTH <u>Sept. 19 1951</u> | 9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>2</u> <u>6</u> <u>7</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Kirksville, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Carroll White</u> | 13b. MOTHER'S MAIDEN NAME <u>Virginia Jackson</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carroll White, 1112 E. Alexander</u> | ADDRESS <u>Kirksville 9201</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, asthma, 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>Strangulation - promittus, pulmonary edema, convulsions.</u> | | <u>2 hours.</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Streptococcus sore throat</u> | | <u>19 hours.</u> |
| | DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | 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 Jan. 12 1953, to March 23, 1954, that I last saw the deceased alive on March 23, 1954, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Howard E. Gross</u> | (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>Kirksville, Mo.</u> | 23c. DATE SIGNED <u>3-26-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-25-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirksville Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>3-30-54</u> | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> | ADDRESS <u>Kirksville, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 _____
I hereby _____

working under my personal supervision.

Student Embalmer No.

Signed *Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Kirksville, Mo*

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply will result in revocation of license.)