

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13070**

BIRTH, NO. \_\_\_\_\_ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4436 Registrar's No. 15

1. PLACE OF DEATH  
a. COUNTY St Clair  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City  
c. LENGTH OF STAY (in this place) 5 months  
d. FULL NAME OF HOSPITAL OR INSTITUTION Elett Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY St. Clair  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City  
d. STREET ADDRESS (If rural, give location) 980

3. NAME OF DECEASED (Type or Print)  
a. (First) Charles b. (Middle) D. c. (Last) White  
4. DATE OF DEATH (Month) (Day) (Year) Apr - 25 - 1954

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 16 - 1879 9. AGE (In years last birthday) IF UNDER 1 YEAR Months 77 Days 10 Hours 8 Minutes

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Ossian, Indiana 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew White 13b. MOTHER'S MAIDEN NAME Mary Beck 14. NAME OF HUSBAND OR WIFE Susannah White

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 Susannah White - Appleton City ADDRESS \_\_\_\_\_

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, ashenia, etc. It means the disease, injury, or complication which caused death.  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia MEDICAL CERTIFICATION  
INTERVAL BETWEEN ONSET AND DEATH 1 week  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic C.V. disease 10 yrs  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Hx (diabetes) rel legs 6 mo.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 1221 F 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? fall at home

22. I hereby certify that I attended the deceased from Aug 1952, to April 25, 1954, that I last saw the deceased alive on April 25, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. A. Slickman, M.D. 23b. ADDRESS Appleton City, Mo. 23c. DATE SIGNED April 26 '54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr 27 - 1954 24c. NAME OF CEMETERY OR CREMATORY Appleton City 24d. LOCATION (City, town, or county) (State) Appleton City, Mo.

DATE REC'D BY LOCAL REG. Apr 27, 1954 REGISTRAR'S SIGNATURE Chas Abney 285 25. FUNERAL DIRECTOR'S SIGNATURE Melvin L. Janssens ADDRESS 209 N. Poplar

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

0520

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Melvin L. Janssens*

Licensed Embalmer No. *4529*

P. O. Address. *Appleton City*

Signed.....  
Student Embalmer

**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.