

FILED JUL 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18135

State File No. 382
Registrar's No. 5143

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff Twp.)		c. CITY OR TOWN Poplar Bluff	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) 2 months		STREET ADDRESS (If rural, give location) Rural Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1			

3. NAME OF DECEASED (Type or Print)	a. (First) BEN	b. (Middle) MACK	c. (Last) WHITE	4. DATE OF DEATH (Month) (Day) (Year) June 30 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	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) _____	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Fulton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Ben White	13b. MOTHER'S MAIDEN NAME Sarah Lankford	14. NAME OF HUSBAND OR WIFE Daisy White
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. had none	17. INFORMANT'S SIGNATURE OR NAME Mr. Elvis White, Poplar Bluff, Missouri	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH May 5, 54
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		
	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 none	19b. MAJOR FINDINGS OF OPERATION none	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) Poplar Bluff, Missouri
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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 **May 5, 1954**, to **May 19, 1954**, that I last saw the deceased alive on **May 19, 1954**, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank E. Duell (Degree or title) _____	23b. ADDRESS Poplar Bluff, Missouri	23c. DATE SIGNED July 1, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/2/54	24c. NAME OF CEMETERY OR CREMATORY Bellevue cemetery	24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo
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DATE REC'D BY LOCAL REG. 7/7/54	REGISTRAR'S SIGNATURE Alvin M. Murrell	25. FUNERAL DIRECTOR'S SIGNATURE Lee Will Galbreath, Mo	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

120

0120

RECEIVED
JUL 17 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 *[Signature]* _____

Licensed Embalmer No. *268*

P. O. Address *[Signature]*

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.