

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23879**
Registrar's No. **36**

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **3907**

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY OR TOWN Steele	c. LENGTH OF STAY (In this place) 3 yrs	c. CITY OR TOWN Steele	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Coater Hosp		e. STREET ADDRESS (If rural, give location) Route 3 0780	

3. NAME OF DECEASED (Type or Print)	a. (First) Nelson	b. (Middle) White	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 7-9-54
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH abt 65	9. AGE (In years) (Month) (Day) (Year) abt 65
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Hale Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Clarence White	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Arnie White
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Arnie White	ADDRESS Steele Mo #13
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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 12 hrs. several years. several years.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		
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 42-01	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) (Min)	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 **6 July, 1954**, to **9 July, 1954**, that I last saw the deceased alive on **9 July, 1954**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert Barthel	(Degree or title) D.O.P. Steele Mo.	23b. ADDRESS	23c. DATE SIGNED 12 July 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-12-54	24c. NAME OF CEMETERY OR CREMATORY Haley Grove	24d. LOCATION (City, town, or county) (State) Steele Mo
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DATE REC'D BY LOCAL REG. 7-18-54	REGISTRAR'S SIGNATURE S. J. Olden	25. GENERAL DIRECTOR'S SIGNATURE Norman and Co. Steele Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-158-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUL 20 1954

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.....
John H. German

Licensed Embalmer No. 435

P. O. Address *Hayti, Mo.*

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.