

3019-54

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28686

State File No.

FILED AUG 30 1954

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 6047 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>WENTZVILLE</u>)	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>308</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIGHWAY 40</u>		STREET ADDRESS (If rural, give location) <u>1604 E. 22ND TERRACE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BEVERLY</u> b. (Middle) <u>A.</u> c. (Last) <u>WHITE</u>	4. DATE OF DEATH (Month) <u>8</u> (Day) <u>7</u> (Year) <u>1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>1-20-1954</u>	9. AGE (In years last birthday) _____	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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MO</u>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <u>JOHNNIE WHITE</u>	13b. MOTHER'S MAIDEN NAME <u>LETHA WILLIAMS</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Williams</u> ADDRESS <u>5121 STATELINE</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile Accident</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Multiple injuries</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>E816!</u> <u>20</u>			

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 (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #40</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cuvier St. Charles MO 092</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug, 6-54</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Two cars hit head</u>
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22. I hereby certify that I attended the held inquest Aug 9, 1954, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marie Marshall Cronin</u>	23b. ADDRESS <u>Wentzville, Mo</u>	23c. DATE SIGNED <u>Aug, 9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>8-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>HAYTI MO.</u>
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DATE REC'D BY LOCAL REG. <u>8/25/54</u>	REGISTRAR'S SIGNATURE <u>Arthur Puff</u> <u>408</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bennie Love 3103 Washington</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

920

AUG 31

JAN 27 1965

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 *Lawrence E. Woodman*.....

Licensed Embalmer No. *434*.....

P. O. Address *4656 Elm*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (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.

Edward M...