

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29709

FILED OCT 13 1954

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KIRKSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SHELBYNA</u> <u>1020</u>	
c. LENGTH OF STAY (In this place) <u>8 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>Shelbina, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>Robert</u> c. (Last) <u>WHITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>FEB. 8, 1904</u>		9. AGE (In years last birthday) <u>50</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CITY CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City of Shelbina-MoLine, Illinois</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	

13a. FATHER'S NAME <u>Edgar William White</u>		13b. MOTHER'S MAIDEN NAME <u>Anna May Belcher</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-28-3534</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Weldon White - Anabel, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>UREMIA</u>		YEARS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC GLOMERULO-NEPHRITIS</u>		YEARS	
		DUE TO (c) <u>RHEUMATOID ARTHRITIS OF SPINE</u>		YEARS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from SEPT. 28, 1954, to OCT. 6, 1954, that I last saw the deceased alive on OCT. 6, 1954, and that death occurred at 4:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. D. McClure</u>		23b. ADDRESS <u>KIRKSVILLE Mo.</u>		23c. DATE SIGNED <u>10-8-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/8/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina IOOF</u>	
24d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hate Lambert</u>		ADDRESS <u>E. Hayes Shelbina Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-8-54</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

OCT 18 1954

DEC 2 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Paul S. Hayes

Signed.....
Student Embalmer

Licensed Embalmer No..... *4461*

P. O. Address..... *Shelton, W.*

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.