

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34639**

FILED OCT 22 1954

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **310**

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY SHELBY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HANDIGAL	c. LENGTH OF STAY (In this place) 1 WEEK	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HUNNEWELL	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. ELIZABETH HOSP.		d. STREET ADDRESS (If rural, give location) Town Limits	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) WHITFIELD	c. (Last) WHITE	4. DATE OF DEATH (Month) (Day) (Year) 10 - 6 - 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 9/25/1885	9. AGE (In years last birthday) 69	if UNDER 1 YEAR Months 0 Days 11	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) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY SHOE	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME ROBERT WHITE	13b. MOTHER'S MAIDEN NAME SARAH JANE FOSTER	14. NAME OF HUSBAND OR WIFE _____
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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) NONE	16. SOCIAL SECURITY NO. 020-075-335	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.M. Saurman	ADDRESS Hunnewell Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis		
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 _____	19b. MAJOR FINDINGS OF OPERATION _____	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) 434/3
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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 **Sept 20, 1954**, to **Oct 6, 1954** that I last saw the deceased alive on **Sept 5, 1954**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) _____	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED Oct 12 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/9/1954	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) Hunnewell Mo.
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DATE REC'D BY LOCAL REG. 10-15-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Hannibal Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

EST 2 1 1954

RECEIVED

WARREN CO. HEALTH DEPT.

EST 2 1 1954

DATE FILED

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 _____

Student Embalmer

Signed _____

Harold Turner

Licensed Embalmer No. 3720

P. O. Address Monroe City, 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 this body is not embalmed, fact should be so stated above.