

FILED OCT 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34898

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>Cyrene</u>		c. CITY OR TOWN <u>COYPELLE</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>STELLA</u> b. (Middle) <u>MAE</u> c. (Last) <u>WHITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 5 1891</u>
9. AGE (In years last birthday) <u>63</u>	10. USUAL OCCUPATION (Give kind of work usually during most of working life, even if retired) <u>R. N. Nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Dugh White</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Luckie</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carrie Bell Johnson, Cyrene MO</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u> ANTECEDENT CAUSES DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 14 1954</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>Oct 14</u> , 19 <u>54</u> , to <u>Oct 14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 14</u> , 19 <u>54</u> , and that death occurred at <u>3-4</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Eugene Parronov, M.D.</u>		23b. ADDRESS <u>Bowling Green, Mo</u>	
23c. DATE SIGNED <u>Oct. 17-1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 17 1954</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Crestview</u>		24d. LOCATION (City, town, or county) (State) <u>Pike Co MO</u>	
DATE REC'D BY LOCAL REG. <u>10-20-54</u>		REGISTRAR'S SIGNATURE <u>Bell Robinson</u> ADDRESS <u>Grace Bankhead Bowling Green MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Harold C. Kirke*

Licensed Embalmer No. *45*

P. O. Address *Burlington*

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.