

FILED NOV 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36682

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 558

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Ash hill Twp</u> OR TOWN <u>59</u>		c. CITY OR TOWN <u>Fisk</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <u>2 1/2 Mi N.W. of Fisk, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Mi N.W. of Fisk, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) _____ c. (Last) <u>WHITE</u>	4. DATE OF DEATH (Month) <u>NOV</u> (Day) <u>5</u> (Year) <u>1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> WIDOWED	8. DATE OF BIRTH <u>Sept 14, 1889</u>	9. AGE (In years last birthday) <u>65</u>	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 working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>William White</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Johns</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie White</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY <u>497-18-2985</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frieda Botkins, Poplar Bluff, Mo</u>	ADDRESS _____
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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) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>4201</u>	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) (m.)	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 _____, 19____, to _____, 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 <u>Grover Wheeler</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Poplar Bluff, Mo</u>	23c. DATE SIGNED <u>Nov 10, 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>11, 8, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashhill</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/10/54</u>	REGISTRAR'S SIGNATURE <u>R. W. Muehle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. White</u>	ADDRESS <u>Fisk, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

RECEIVED
NOV 15 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 11-5-54, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Phil J. Leuchter

Licensed Embalmer No. 29.....

P. O. Address Maple St.....

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.