No. 300
10.48

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

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

471
State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southeast Mo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1429 Perryville Road 016 F O

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): H.
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): January 9, 1955

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 24, 1870
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 11, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Ret. Railroad
11. BIRTHPLACE (City and State or Foreign Country): Calidonia, Missouri O
12. CITIZEN OF WHAT COUNTRY?: U. S

13a. FATHER'S NAME: Robert E. White
13b. MOTHER'S MAIDEN NAME: Georgia Mason
14. NAME OF HUSBAND OR WIFE: Bertha E. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-14-1923
17. INFORMANT'S SIGNATURE OR NAME: Fulton White — ADDRESS: Cape Girardeau, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis — 4 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 24, 1950, *to* Jan 9, 1955, *that I last saw the deceased alive on* Jan, 1955, *and that death occurred at* 6:40 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles F. Wilson MD (Degree or title)
23b. ADDRESS 714 Broadway Cape Girardeau Mo.
23c. DATE SIGNED 1-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 11, 1955
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri

DATE REC'D BY LOCAL REG.: 1-11-55
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Walther's Funeral Home Cape Gir. Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by .....; Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Gira

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