

-FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2002

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u> <u>0894</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>			
c. LENGTH OF STAY (in this place) <u>25 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>1415 East 12th</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1415 East 12th</u>				e. STREET ADDRESS (If rural, give location) <u>1415 East 12th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SETH</u>		b. (Middle) <u>CLARK</u>		c. (Last) <u>WHITE</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>22,</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Oct. 4, 1871</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Seth Clark White</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Neitzert</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Lee Shaw</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oretta Wolf, 1415 East 12th</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				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) m.		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 <u>July 12, 1932</u> , to <u>Jan 22, 1955</u> , that I last saw the deceased alive on <u>Jan 12, 1955</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edmund J. Thayer M.D.</u>		23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>1/24-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/25/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Florence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Florence, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-25-55</u>		REGISTRAR'S SIGNATURE <u>Levin Evans Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion Ewing</u>			
ADDRESS <u>Sedalia, Mo.</u>							

(Excluded Embalmer's Statement on Reverse Side)

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

P. E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Seclusion, 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.