

FILED MAR 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 8631
Registrar's No. 17

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559

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| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, give RURAL and give township) Herculaneum | | c. CITY OR TOWN Herculaneum | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Herculaneum | | e. STREET ADDRESS (If rural, give location) Main St. | |

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| 3. NAME OF DECEASED (Type or Print) William Issac White | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 3, 1955 |
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|-------------|------------------------|--|-------------------------------|---|---|---|-------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 19, 1874 | 9. AGE (In years last birthday) 80/9/14 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Smelterer | 11. BIRTHPLACE (City and State or Foreign Country) Mineral Point, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Andrew White | 13b. MOTHER'S MAIDEN NAME Anna White | 14. NAME OF HUSBAND OR WIFE Mattie Trudo |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary E. Crader, Herculaneum, Mo. | 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, asthma, 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) Carcinoma sigmoid Colon | | 8-9 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Metastases | | 5 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 153 X | 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 2/1, 1947, to 3/3, 1955, that I last saw the deceased alive on 3/3, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Signature) | 23b. ADDRESS Herculaneum, Mo. | 23c. DATE SIGNED 3/7/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/5/55 | 24c. NAME OF CEMETERY OR CREMATORY Old Cemetery | 24d. LOCATION (City, town, or county) (State) Herculaneum, Mo. |
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|---------------------------------|-----------------------------------|------|--|---------|
| DATE REC'D BY LOCAL REG. 3-5-55 | REGISTRAR'S SIGNATURE (Signature) | 502. | 25. FUNERAL DIRECTOR'S SIGNATURE (Signature) | ADDRESS |
|---------------------------------|-----------------------------------|------|--|---------|

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 8 1955

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 *Kurt B. Vinzard*

Licensed Embalmer No. *4976*

P. O. Address *Festus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.