

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED MAY 3 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (In this place) <u>20 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>636 Polk St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>636 Polk St.</u>			

3. NAME OF DECEASED a. (First) <u>Paul</u> b. (Middle) <u>E.</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1955</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-6-1877</u>		9. AGE (In years last birthday) <u>76</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 most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>			11. BIRTHPLACE (State or foreign country) <u>Stone County Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>W.W. White</u>			13b. MOTHER'S MAIDEN NAME <u>Adeline Cavener</u>			14. NAME OF HUSBAND OR WIFE <u>Rosa Ellen 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) <u>No.</u>		16. SOCIAL SECURITY NO. <u>499-03-2335</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leona Bryan</u>		ADDRESS <u>Lebanon, Mo.</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis, acute</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Recurrent Coronary Thromboses</u>							
		DUE TO (c) <u>Senility</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. arteriosclerosis</u>							

19a. DATE OF OPERATION <u>None</u>		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) <u>NO</u>		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) (Min.)				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 4/21, 1955, to 4/21, 1955, that I last saw the deceased alive on 4/21, 1955, and that death occurred at 1:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George E. Fisher M.D.</u>			23b. ADDRESS <u>Lebanon, Mo.</u>			23c. DATE SIGNED <u>4/22/55</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-24-1955</u>		REGISTRAR'S SIGNATURE <u>Hella S. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Palmer</u>		ADDRESS <u>Lebanon Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received ..... 5-2-55 .....  
Laclede County Health Unit  
File No. .... 66 .....  
Date Filed ..... 5-2-55 .....

MAY 17 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 .....  
Student Embalmer

Signed J. R. Palmer.....

Licensed Embalmer No. 2208.....

P. O. Address Channon 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.