

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15796

State File No. ....

FILED MAY 26 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage, Mo.</u>		c. CITY OR TOWN <u>Jasper Rt. # 1</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		STREET ADDRESS (If rural, give location) <u>Jasper Route # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hospital</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Jane</u> b. (Middle) <u>Ann</u> c. (Last) <u>White</u>		(Month) (Day) (Year) <u>May 15, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February-16, 1874-81</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Jasper County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		13a. FATHER'S NAME <u>John C. Turk</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Stotts</u>		14. NAME OF HUSBAND OR WIFE <u>Edward C. White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Orvil T. White</u>		ADDRESS <u>Jasper Rt. 1</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic, degeneration of myocardium - not rheumatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Heart Block</u>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
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) <u>Carthage Mo</u>	
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? _____		22. I hereby certify that I attended the deceased from <u>Sept 9, 1957</u> , to <u>May 15, 1955</u> , that I last saw the deceased alive on <u>May 15, 1955</u> , and that death occurred at <u>5:55 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>		23b. ADDRESS <u>Carthage Mo</u>	
23c. DATE SIGNED <u>May 16, 55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-18-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fasken Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>North of Carthage, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>	
25. ADDRESS <u>Carthage, Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-17-55</u>	
REGISTRAR'S SIGNATURE <u>W. H. Clinton</u>		139-0	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Edwin C. Sherrill Jr.*.....  
Licensed Embalmer No. 49.....  
P. O. Address *Corinth, Miss.*

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.