No. 300
10.48

FILED MAY 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17560

State File No.

BIRTH NO. REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PIEDMONT
c. LENGTH OF STAY (In this place) 20YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY WAYNE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PIEDMONT
d. STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) RENSHAW c. (Last) WHITE
4. DATE OF DEATH (Month) MAY (Day) 7 (Year) 1955
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH APR 10 1878
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER
10b. KIND OF BUSINESS OR INDUSTRY NEWSPAPER
11. BIRTHPLACE (City and State or Foreign Country) MULLBERRY GROVE ILL
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ROBERT O. WHITE
13b. MOTHER'S MAIDEN NAME VIRGINIA A. JAYNE
14. NAME OF HUSBAND OR WIFE LULA ELLEN 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. 494-09-7735
17. INFORMANT'S SIGNATURE OR NAME Lula Ellen White ADDRESS Piedmont

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30 min

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4-20-1
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* 5-7-55 at 6 P.M., 1955, *to* 5-7-55 at 6 P.M., 1955, *that I last saw the deceased alive on* 5-7-55 at 5 P.M., 1955, *and that death occurred at* 6 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE C. S. Johnson M.D. (Degree or title)
23b. ADDRESS Piedmont Mo
23c. DATE SIGNED 5-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAY 18 1955
24c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.
24d. LOCATION (City, town, or county) PIEDMONT (State) MO.

DATE REC'D BY LOCAL REG. May 11, 1955
REGISTRAR'S SIGNATURE Hazel Ward
25. FUNERAL DIRECTOR'S SIGNATURE Forman W. Rich ADDRESS Piedmont Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
WAYNE CO. HEALTH CENTER
FILE No.

RECEIVED
MAY 17 1955
WAYNE CO. HEALTH CENTER
FILE No.

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 ..... Me ....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Fremont, Nebr.

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.