

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20492**
4926BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3101 Hickory St.		d. STREET ADDRESS (If rural, give location) 3101 Hickory St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) Charlie	b. (Middle) Dan	c. (Last) White	6	3	55			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED; NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7-1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MO. Hours	IF UNDER 1 MO. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Unknown Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME George White		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Buelah White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Armeulia Foster 4482 Suburban Trks.	

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) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Nephritis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH Unknown
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			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442x		

22. I hereby certify that I attended the deceased from **5-21, 1953**, to **6-3, 1955**, that I last saw the deceased alive on **6-2, 1955** and that death occurred at **1:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE A. B. Smith		(Degree or title) M.D.		23b. ADDRESS 11 N Jefferson St. Kansas		23c. DATE SIGNED 6-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-7-55		24c. NAME OF CEMETERY OR CREMATORY Neelyville Mo.		24d. LOCATION (City, town, or county) (State) Neelyville, Missouri	

DATE REC'D BY LOCAL REG. JUN 6 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis & Broom 1405 Bidale Ave.	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 22

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

Leroy H. Gannister

Licensed Embalmer No. 4523

P. O. Address 3880 Boston

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.