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FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25632

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR Smithville		c. LENGTH OF STAY (in this place) 3 Days	d. Is Residence within limits of a city incorporated town? Yes 8 No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Smithville Community Hosp.		e. STREET ADDRESS (If rural, give location). None	

0930

3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) Lou c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) August 8, 1955		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 28, 1946	9. AGE (In years last birthday) 9	IF UNDER 1 YEAR Months 4 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Sheridan White		13b. MOTHER'S MAIDEN NAME Marie Frances Smith		14. NAME OF HUSBAND OR WIFE None	
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 Fred S. White	
				ADDRESS Edgerton, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 65 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3533		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	

22. I hereby certify that I attended the deceased from 8-3, 1955, to 8-8, 1955, that I last saw the deceased alive on 8-8-55, 1955, and that death occurred at 7:30 pm., from the causes and on the date stated above.

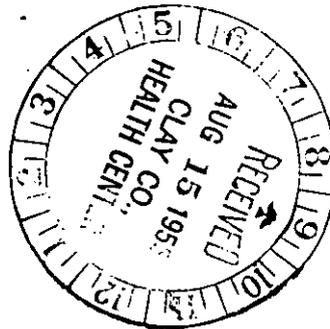
23a. SIGNATURE Albert D. Canby		(Degree or title) M.D.		23b. ADDRESS Smithville, Mo.	
23c. DATE SIGNED 8-9-55		24a. NAME OF CEMETERY OR CREMATORY Reed Cemetery		24b. LOCATION (City, town, or county) (State) Clinton County, Missouri	

24c. DATE REC'D BY LOCAL REG. 8-10-55		REGISTRAR'S SIGNATURE Marquise L. Lugen		25. FUNERAL DIRECTOR'S SIGNATURE Rollins-Nash Funeral Home	
				ADDRESS Edgerton, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

REC'D 2 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 *Donald W. Hawks*

Licensed Embalmer No. *1452*

P. O. Address *Smithville,*

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.