

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) Tipton		c. LENGTH OF STAY (In this place) Life	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. No street numbers		e. STREET ADDRESS (If rural, give location) No street numbers	

3. NAME OF DECEASED (Type or Print) a. (First) Alva b. (Middle) Maynard c. (Last) White	4. DATE OF DEATH Aug. 20th, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 13, 1878	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Meat Market	11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert White	13b. MOTHER'S MAIDEN NAME Nancy Powers	14. NAME OF HUSBAND OR WIFE Lena White (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Maynard White (son)	ADDRESS Tipton, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH. 3 mo. 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DEFICIENCY		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DIABETES DUE TO (c) 260X		
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **27/15 1885** to **Aug 20, 1955**, that I last saw the deceased alive on **8/20, 1955**, and that death occurred at **4:30 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. F. Potts M.D.	23b. ADDRESS Tipton, Mo.	23c. DATE SIGNED 8/22/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 22, 1955	24c. NAME OF CEMETERY OR CREMATORY I. O. O. F.	24d. LOCATION (City, town, or county) (State) Tipton, Mo
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DATE REC'D BY LOCAL REG. Aug. 23-1955	REGISTRAR'S SIGNATURE Mrs. Maude Hudson	243-0	FUNERAL DIRECTOR'S SIGNATURE J. B. Richards	ADDRESS TIPTON Mo.
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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 *James E. Richa*
Licensed Embalmer No. *249*
P. O. Address *Lipton*

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.