

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 19 1955

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>118</u>			
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Clay</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">Clay</p>	
b. CITY (If outside corporate limits, write RURAL and give town) <p style="text-align: center;">Excelsior Springs</p>		c. LENGTH OF STAY (in this place) township)		c. CITY OR TOWN <p style="text-align: center;">Excelsior Springs</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <p style="text-align: center;">Excelsior Springs Hospital</p>				STREET ADDRESS (If rural, give location) <p style="text-align: center;">117 Vaughn Street</p>				<i>60120</i>	
3. NAME OF DECEASED (Type or Print)		a. (First) <p style="text-align: center;">George</p>		b. (Middle) <p style="text-align: center;">Everett</p>		c. (Last) <p style="text-align: center;">White</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Nov. 28, 1955</p>	
5. SEX <p style="text-align: center;">male</p>		6. COLOR OR RACE <p style="text-align: center;">white</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">divorced</p>		8. DATE OF BIRTH <p style="text-align: center;">Aug. 25, 1903</p>		9. AGE (In years last birthday) Months Days Hours Min. <p style="text-align: center;">52</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Restaurant Owner</p>				10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Restaurant</p>		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <p style="text-align: center;">Gilman City, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>	
13a. FATHER'S NAME <p style="text-align: center;">Melvin H. White</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Emma Lirley</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">None</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">492-38-6408</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Clayton White, Excelsior Springs, Mo.</p>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">15 min.</p>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>							
		ANTECEDENT CAUSES DUE TO (b) <u>Cirrhosis of the liver</u>						years	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p style="text-align: right;"><i>4207</i></p>							
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) m.		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>6/5/53</u> , 19 <u>53</u> , to <u>11/28/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/28/55</u> , 19 <u>55</u> , and that death occurred at <u>11.15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Gene E. Sanden MD</i>				23b. ADDRESS <p style="text-align: center;">116 South Street Excelsior Springs, Mo.</p>		23c. DATE SIGNED <p style="text-align: center;">12/2/55</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <p style="text-align: center;">12-1-55</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Crown Hill</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Excelsior Springs, Mo.</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">12/9/55</p>		REGISTRAR'S SIGNATURE <i>Caroline Blitching</i>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Claude Prichard, Ex. Springs, Mo.</p>		ADDRESS			



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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: *Louise Jarman*

Licensed Embalmer No. *43*  
*Evolution Springs*  
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.