

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8364**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 195	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY CAPE GIRARDEAU			
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (in the place) 12 hr.		c. CITY OR TOWN PAINTON		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hosp				STREET ADDRESS (If rural, give location) 01601			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Farrel		c. (Last) White Jr.		4. DATE OF DEATH (Month) (Day) (Year) March 25, 1956	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH Aug. 8, 1951	
9. AGE (In years last birthday) 4		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) Child		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Matthews, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Robert Farrel White		13b. MOTHER'S MAIDEN NAME Sally Gore		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 Robert Farrel White		ADDRESS Painton	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probable Fracture of Skull DUE TO (c) Trauma To Skull					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rupture of Spleen					
19a. DATE OF OPERATION March 24, 1956		19b. MAJOR FINDINGS OF OPERATION Rupture of Spleen, Retroperitoneal Hemorrhage				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) 016			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 2:30 pm, March 24, 1956 , to March 25, 1956 , that I last saw the deceased alive on March 25, 1956 , and that death occurred at 5:25 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter C. Kester M.D.				23b. ADDRESS 937 Broadway, Cape Girardeau, Missouri		23c. DATE SIGNED March 27, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 25, 1956		24c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park		24d. LOCATION (City, town, or county) (State) Advance Missouri	
DATE REC'D BY LOCAL REG. 3-28-56		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm H. Morgan, Advance Mo.			

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 *W^m H. Morgan*

Licensed Embalmer No. *464*

P. O. Address *Alhambra*

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.