

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**19270**

State File No. \_\_\_\_\_

**FILED MAY 28 1956**

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6085</u>		Registrar's No. <u>81</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Slater, Mo. Clay</u>				c. LENGTH OF STAY (In this place) <u>78 yrs</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none Clay township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. No. 2, Slater</u>				
d. STREET ADDRESS _____				_____ <u>0970</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earnest</u>			b. (Middle) <u>✓</u>		c. (Last) <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May-19-1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u>		8. DATE OF BIRTH <u>April, 15-1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 24 HRS. Hours <u>4</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		
13a. FATHER'S NAME <u>Harry White</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Pattick</u>		14. NAME OF HUSBAND OR WIFE <u>Susie White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Susie White, R.F.D. Napton</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 years.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis.</u>				_____				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				_____				
DUE TO (c) _____				_____				
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 <u>443x</u>				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? _____				
22. I hereby certify that I attended the deceased from <u>1953</u> , <u>1956</u> , to <u>May 10, 1956</u> , that I last saw the deceased alive on <u>May 10, 1956</u> , and that death occurred at <u>4 2</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>P. L. Lawless, M.D.</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>5-22-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/21:1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. Slater, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-22-56</u>		REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hill Brothers, Slater, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

290

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

*A. C. Hill*

Licensed Embalmer No. *3090*

P. O. Address *State, Mo.*

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.