

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25824

FILED AUG 15 1956

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6238</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Washington</u>			
b. CITY OR TOWN <u>Belgrade</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Belgrade</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				f. STREET ADDRESS (If rural, give location) <u>1100</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Monte</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3, 1956</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 14, 1890</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING & CUSTODIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sunlight, Mo.</u>	
13a. FATHER'S NAME <u>Charles White</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Wilkerson</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>499-03-6159</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie White</u> ADDRESS <u>Belgrade, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heenorrhage Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>from cancer Rectum with metastasis stomach</u> DUE TO (c) <u>Severe etc</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
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)		<u>154 X</u>	
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>July, 1955</u> to <u>8/3, 1956</u> that I last saw the deceased alive on <u>8/3, 1956</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. F. Wendell</u> (Degree or title)				23b. ADDRESS <u>Potosi, Missouri</u>		23c. DATE SIGNED <u>8/7/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug. 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunlight</u>		24d. LOCATION (City, town, or county) (State) <u>Sunlight, Mo.</u>		
DATE REC'D BY LOCAL REP. <u>8/14/56</u>		REGISTRAR'S SIGNATURE <u>Arburt Wendell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SHIPMAN & SONS FUN. & DIR'S. Bismarck</u>			

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

RECEIVED

AUG 14

WASH. COUNTY HEALTH DEPT.

File No. _____

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 John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, M

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.