

Health,
Welfare
Public
Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr John White 5429
STATE FILE NUMBER

FILED MAR 5 1957

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Brookfield</u> 0582		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT a hospital, give location) HOSPITAL OR INSTITUTION <u>817 Strawbridge</u>				Length of stay in lb		d. STREET ADDRESS <u>817 Strawbridge</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM HARLOW MOUNT</u>				4. DATE OF DEATH Month Day Year <u>Feb-23-1957</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June-19-1872</u>		9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months Days Hours Min. <u>8 4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Marysville Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13. FATHER'S NAME <u>Thos B. Mount</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Harmon</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Address <u>Floyd Mount Brookfield Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory collapse</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute cerebral accident (stroke)</u> DUE TO (c) <u>Generalized debility and advanced age</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>23 hrs.</u> <u>8 days</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>331X</u>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan 15, 1957</u> to <u>Feb. 23/57</u> and last saw her alive on <u>2/23/57</u> Death occurred at <u>6:15 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John W. White, D. O.</u>				22b. ADDRESS <u>Brookfield, Mo.</u>		22c. DATE SIGNED <u>2/25/57</u>	
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE <u>Feb. 26 57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		23d. LOCATION (City, town or county) (State) <u>Brookfield Mo</u>	
24. FUNERAL DIRECTOR <u>J. L. Blacklock Brookfield Mo</u>				25. DATE RECD. BY LOCAL REG. <u>2-26-57</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep.</u>	

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 *J. B. Blacklock*.....

Licensed Embalmer No. *22*

P. O. Address *Brookfield*

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.