

FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20206

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5130 Registrar's No. 733

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>California</b> b. COUNTY						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rush Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Citrus Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rushville, Mo. R.R. #1</b>			Length of stay in 1b <b>1 day</b>		d. STREET ADDRESS (If outside, give location) <b>7563 Baird Way</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>LOYAL</b> Middle <b>RAYMOND</b> Last <b>WHITE</b>				4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1957</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 2nd, 1910</b>		9. AGE (In years last birthday) <b>46</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>		11. BIRTHPLACE (City and state or country) <b>Winston - Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
13. FATHER'S NAME <b>George M. White</b>				14. MOTHER'S MAIDEN NAME <b>Lola M. Stucker</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W.W. #2</b>			16. SOCIAL SECURITY NO. <b>Not known</b>		17. INFORMANT <b>William G. White</b>			Address <b>St. Joseph, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowning</b>								INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Inability to continue swimming</b>								
		DUE TO (c) <b>9298</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								42		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Was swimming in a pond near Buchanan Co. Mo. Galled for help and in water</b>							
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Waldman's Lake Buchanan Co Mo</b>							
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <b>Buchanan Co Mo</b>				COUNTY		STATE	
21. I attended the deceased from <b>deceased body</b> and last saw <b>him</b> alive on <b>July 4-57</b> Death occurred at <b>Buchanan Co Mo</b> on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <b>W. M. Meunier M.D.</b>			22b. ADDRESS <b>214 N. Main Street St Joseph Mo</b>		22c. DATE SIGNED <b>July 5 1957</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7-7-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Whitesville Cemetery</b>			23d. LOCATION (City, town, or county) <b>Whitesville Missouri</b>			
24. FUNERAL DIRECTOR <b>Hamey Funeral Home</b>				ADDRESS <b>St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July II, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Robert Fulton</b>		

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 *Charles E. Bennett*

Licensed Embalmer No. *H6*

P. O. Address *St. Joseph*

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.

JUL 19 1957