

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1957

57022232  
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 6041 Registrar's No. 2382

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Ripley</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Thomas</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		a. STATE <b>Mo.</b>		b. COUNTY <b>Ripley</b>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <b>Naylor RFD</b>			Length of stay in 1b	c. CITY OR TOWN <b>Naylor</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>0</b>
				(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b> Homer</b>		Middle <b> Everett</b>		Last <b> White</b>		Month Day Year <b> July 6, 1957</b>	
5. SEX <b> male</b>	6. COLOR OR RACE <b> white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b> Oct 21, 1882</b>		9. AGE (In years last birthday) <b> 74</b>	IF UNDER 1 YEAR Months Days Hours Min. <b> 8 15</b>	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b> Medical Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b> Ripley Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b> USA</b>	
13. FATHER'S NAME <b> Robert Wilson White</b>				14. MOTHER'S MAIDEN NAME <b> Francis Harelson</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b> no</b>		16. SOCIAL SECURITY NO. <b> none</b>		17. INFORMANT Address <b> Bertha White Naylor, 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> Coronary occlusion</b> DUE TO (b) <b> Aortic return</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input 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.)				
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 <b> 7-6-1957</b> to <b> 7-6-1957</b> and last saw her alive on <b> 7-6-1957</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Do not write title) <b> I M Hershman M D</b>				22b. ADDRESS <b> 0 Glen Bluff Ave</b>		22c. DATE SIGNED <b> 7-7-1957</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b> Burial</b>		23b. DATE <b> 7/9/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b> Fairdealng</b>		23d. LOCATION (City, town, or county) (State) <b> Fairdealng Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b> McCord-Gish Naylor, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b> 7-11-1957</b>		26. REGISTRAR'S SIGNATURE <b> C P Johnston</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

AUG 12 1957

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 *Dylan McCord*.....  
Licensed Embalmer No. *49*  
P. O. Address *Wayton, Minn.*

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.