

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38825

State File No.

FILED OCT 28 1957

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 191

1. PLACE OF DEATH
 a. COUNTY Saline
 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural, Marshall Township c. LENGTH OF STAY (In this place township) 4 years
 c. CITY OR TOWN St. Joseph 0117 0 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State School, Marshall STREET ADDRESS (If rural, give location) 935 E. Lake Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) Newal b. (Middle) Ray c. (Last) White 4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH Feb. 2, 1917 9. AGE (In years last birthday) 10 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Maywood, California 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Newal C. White 13b. MOTHER'S MAIDEN NAME Erma Gilpin 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Missouri State School Records, Marshall, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bury Anoxemia; Asphyxia INTERVAL BETWEEN ONSET AND DEATH: 2 minutes
 *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.
 ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS Ediopathic Epilyria

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 330X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 1955 1955, to Oct 19, 1957, that I last saw the deceased alive on Oct 23, 1957, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D. O 23b. ADDRESS Marshall, Missouri 23c. DATE SIGNED 10/20/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Oct. 20-1957 24c. NAME OF CEMETERY OR CREMATORY Mount Auburn Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph Mo

DATE REC'D BY LOCAL REG. 10-20-57 REGISTRAR'S SIGNATURE Carl G. Keel 25. FUNERAL DIRECTOR'S SIGNATURE Harry Herschberger ADDRESS Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Harry Hershberger*

Licensed Embalmer No. *435*

P. O. Address *Marshall 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.