

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47404  
STATE FILE NUMBER  
6147

FILED JAN 17 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 6147

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN MOBERLY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 219 S. AULT	
3. NAME OF DECEASED (Type or print) First HERMAN Middle L. Last WHITE		4. DATE OF DEATH DEC. 26, 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 24, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) STURGEON, MISSOURI
13a. FATHER'S NAME FRANCIS White		13b. MOTHER'S MAIDEN NAME SUSAN	14. NAME OF HUSBAND OR WIFE MARTHA White
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNK	17. INFORMANT Address OFFICIAL RECORDS VA HOSPITAL, K.C., MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Trauma DUE TO (b) Gunshot Wound of Head. 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 (a)			INTERVAL BETWEEN ONSET AND DEATH 12 days E976x
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) No observers	
20c. TIME OF INJURY 11:00 a.m. 12-13-57			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION VA		COUNTY RANDOLPH STATE MISSOURI	
21. I attended the deceased from Dec. 13, 1957 to Dec. 26, 1957 Death occurred at 3:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Marvin L. Murphy (Degree or title) M. D.		22b. ADDRESS VAH, K.C., MO.	
		22c. DATE SIGNED 12-26-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 26 1957	
23c. NAME OF CEMETERY OR CREMATORY Perche		23d. LOCATION (City, town, or county) (State) Rucker, Missouri	
24. FUNERAL DIRECTOR Mrs C.L. Forster Funeral Home Inc.		25. DATE RECD. BY LOCAL REG. 12-26-57	
ADDRESS 918 Brooklyn Kas. City MO.		26. REGISTRAR'S SIGNATURE Neva Marshall	

MEDICAL CERTIFICATION  
Marvin L. Murphy USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

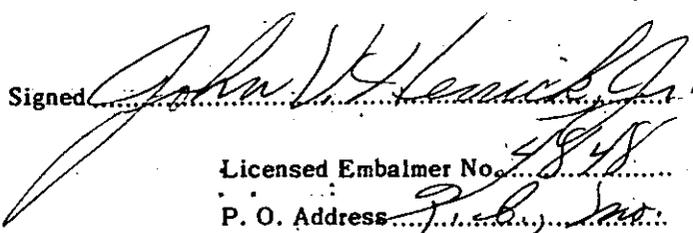
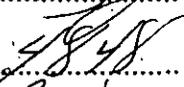
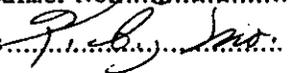
Securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.



**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  .....  
Licensed Embalmer No.  .....  
P. O. Address  .....

**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.