

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2180**

FILED FEB 3 1958

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>4370</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH WALL IN NURSING HOME a. COUNTY CLEARMONT, MISSOURI - NODOWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTLAND			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place) 1 YR 43D		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEMPHIS		d. STREET ADDRESS (If rural, give location) 0990	
d. FULL NAME OF HOSPITAL OR INSTITUTION WALL IN NURSING HOME				4. DATE OF DEATH (Month) (Day) (Year) 1/12/58			
3. NAME OF DECEASED (Type or Print) a. (First) REBECCA		b. (Middle) JANE		c. (Last) WHITE		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 3/30 /1865		9. AGE (In years last birthday) 92	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ARBELA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME HIRAM CAMPBELL			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE A J WHITE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. W.H. Miller - Red Oak, Iowa			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anteriosclerotic heart disease. DUE TO (c) Senility.				INTERVAL BETWEEN ONSET AND DEATH Hours Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4200 (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from NOV 15, 1956, to JAN 12, 1958, that I last saw the deceased alive on DEC 27, 1958, and that death occurred at 6:45 P.m. from the causes and on the date stated above.							
23a. SIGNATURE [Signature]				23b. ADDRESS		23c. DATE SIGNED Jan 25 1958	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 16, 1958		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Red Oak, Iowa	
DATE REC'D BY LOCAL REG. 2-1 58		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Bedford Ia	

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
Student Embalmer

Signed

Frank L. Lutz

Licensed Embalmer No. 4517

P. O. Address Beaumont, Tex.

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 this body is not embalmed, fact should be so stated above.