Health, Welfare Public Service

300 -57

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI 9797

STANDARD CERTIFICATE OF DEATH

58-006250
STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Holden Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Holden Clinic — Length of stay in 1b 6 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson Cass
c. CITY OR TOWN Pleasant Hill ~~Holden~~ Mo. 6190 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First BABY Middle Last WHITE

4. DATE OF DEATH Month Day Year 2 - 9 - 58

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-9-58
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Holden Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Robert J. White
13b. MOTHER'S MAIDEN NAME Harriett Quinn
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Robert White Address Holden Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) miscarriage
DUE TO (c) Ablatio Placentae Cause unknown
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7615

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-9-58 9:08 am to 2-9-58 3:15 pm and last saw her alive on 2-9-58
Death occurred at 2-9-58 3:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. W. Moreland M.D.
22b. ADDRESS Holden, Mo
22c. DATE SIGNED 2-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-10-58
23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill
23d. LOCATION (City, town, or county) (State) Pleasant Hill Mo.

24. FUNERAL DIRECTOR ADDRESS Allen Brownfield Pleasant Hill Mo
25. DATE RECD. BY LOCAL REG. 2-13-58
26. REGISTRAR'S SIGNATURE Mrs G V Redford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

JUN 25 1958

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. 378

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.