

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006708
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Warsaw		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hosp.		Length of stay in lb 3 hours		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Goldie Middle B. Last White				4. DATE OF DEATH 3 - 5 - 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-8-1886	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Month 10 Days 27		IF UNDER 24 HRS. Min. 27			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator		10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.		11. BIRTHPLACE (City and state or country) Benton County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Bartlett		13b. MOTHER'S MAIDEN NAME Mintie Arnold		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 487105628A		17. INFORMANT Address Joe White jr Warsaw, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency (ischemia) & left ventricular failure. Conditions, if any, } DUE TO (b) Arteriosclerosis and shock which gave rise to } above cause (a), } stating the under- } lying cause last. } DUE TO (c) Perforated viscous (intestinal) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Vitamin deficiency; anemia (secondary)						INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 1/2 hours	
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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 <u>3/5/58</u> , to <u>3/5/58</u> and last saw her alive on <u>3/5/58</u> Death occurred at <u>11:03 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. Rhodes, M.D. (Degree or title)		22b. ADDRESS Warsaw, Missouri		22c. DATE SIGNED 3-6-1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-7-1958		23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		23d. LOCATION (City, town, or county) Warsaw Missouri (State)	
24. FUNERAL DIRECTOR Reser Funeral Home, Warsaw, Mo		ADDRESS 3-7-1958		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Frances Shelby	

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 *Jack Miller*

Licensed Embalmer No. *4643*

P. O. Address *Warsaw, Mo.*

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.