

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008619

STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WAYNE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIEDMONT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN PIEDMONT 1110		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ✓			Length of stay in 1b ✓			d. STREET ADDRESS (If outside, give location) ✓	
3. NAME OF DECEASED (Type or print) First NINA Middle LOUISE Last WHITE			4. DATE OF DEATH Month FEB Day 22 Year 1958				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT 13 1957		9. AGE (In years last birthday) If UNDER 1 YEAR: Months 5 Days 3 If UNDER 24 HRS.: Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (City and state or country) IRONTON, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME DOUGLAS H. WHITE				14. MOTHER'S MAIDEN NAME PERMA L. ALLEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) ✓			16. SOCIAL SECURITY NO. ✓		17. INFORMANT Address DOUGLAS WHITE PIEDMONT, 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) Asphyxiation						INTERVAL BETWEEN ONSET AND DEATH 10 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 7:00 a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE PIEDMONT, MO	
21. I attended the deceased from 0 to 2-23-58 and last saw her/him alive on ✓ Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) L. E. G. Gonyea Sr. M.D.				22b. ADDRESS Piedmont Mo		22c. DATE SIGNED 2-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-23-58	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.		23d. LOCATION (City, town, or county) (State) PIEDMONT, MO.		
24. FUNERAL DIRECTOR Lick Funeral Home			ADDRESS Piedmont Mo		25. DATE RECD. BY LOCAL REG. Feb. 23, 1958		26. REGISTRAR'S SIGNATURE Hazel Ward

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Doctor, coroner, or other medical professional should certify to a death due to natural causes in Part I must be casually 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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 44

P. O. Address Redmon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.