

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010811

State File No.

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5826 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural- LaFont</u> c. LENGTH OF STAY (in this place) <u>Few Hr.s</u> township)		c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>2/199</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stein Motel</u>		f. STREET ADDRESS (If rural, give location) <u>4022 McPherson Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Helen</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 27, 1932</u>	9. AGE (In years last birthday) <u>25</u> 10. UNDER 1 YEAR Months <u>6</u> Days <u>11</u> 11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brownwood, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Harry White</u>	13b. MOTHER'S MAIDEN NAME <u>Edith Black</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>489-38-6155</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry White</u> ADDRESS <u>Brownwood, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage - Spleen</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholecystitis - Cholelithiasis</u> DUE TO (c) <u>Ruptured Gall Bladder</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>584x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (COUNTY) (STATE)
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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? <u>0</u>
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22. I hereby certify that I attended the deceased from March 8, 1958, to March 8, 1958, that I last saw the deceased alive on March 8, 1958, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O.B. Chandler MD</u>	23b. ADDRESS <u>New Madrid Mo</u>	23c. DATE SIGNED <u>3/11/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 11, 58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brownwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brownwood, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-14-58</u>	REGISTRAR'S SIGNATURE <u>H.L. Ponder Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Undertaking Co.</u> ADDRESS <u>New Madrid, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED MAR 17 1958
NEW MADRID CO. HEALTH CENTER
REC'D | P. J. S.

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 Tommy L. Roberts.....
Licensed Embalmer No. 4886
P. O. Address New Madrid.....

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.