

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021145

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carrol	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Carrollton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #1		d. STREET ADDRESS (If outside, give location) E. Shanklin	
Length of stay in lb 1 yr. 10 mos.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) WILLIAM WHITE			4. DATE OF DEATH JULY 10 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-7-1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Greenhouse Gardener		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (City and state or country) Carrollton, Missouri	
13. FATHER'S NAME William White			14. MOTHER'S MAIDEN NAME Mary Ann Smith		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) AK	16. SOCIAL SECURITY NO. 497-36-6674	17. INFORMANT Address Fulton, State Hospital No. 1; Missouri
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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 Occlusion		INTERVAL BETWEEN ONSET AND DEATH
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(n) Generalized Arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 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

21. attended the deceased from St. Hosp. #1 8-30-56 to 7-10-58		XXXXXXXXXXXXXXXXXXXX	
Death occurred at 11:45 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) T. D. McCarthy M.D.		22b. ADDRESS T. D. McCarthy, M.D. State Hosp. #1; Fulton, Mo.	
		22c. DATE SIGNED 7-10-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/12/58	23c. NAME OF CEMETERY OR CREMATORY OAK HILL	23d. LOCATION (City, town, or county) (State) CARROLLTON MO
24. FUNERAL DIRECTOR M. Ferguson	25. DATE RECD. BY LOCAL REG. July 12-1958	26. REGISTRAR'S SIGNATURE M. Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service, 300-56, Director, Registrar, etc. must use only standard nomenclature in item 10. No symptoms will be listed. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *J. J. Passore*.....

Licensed Embalmer No. *2*

P. O. Address: *Hull*

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.