Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029582

STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Bedford Tpwnship — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lin. Co. Mem. Hosp. — Length of stay in 1b 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN Winfield 0570 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

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

4. DATE OF DEATH Month Sept. Day 3, Year 1958

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Sept. 20, 1891

9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming- laborer

10b. KIND OF BUSINESS OR INDUSTRY Grain Farming

11. BIRTHPLACE (City and state or country) Texas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas White

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Dona Braungardt White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. yes

17. INFORMANT Dona White Address Winfield, 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) Medullary Analysis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Acute Fulminating Hepatitis

DUE TO (c) Viral 092X

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) Arthritis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 8/6/58, to 9/3/58 and last saw her/him alive on 9/3/58

Death occurred at 1:35 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leonard Carfort Do?

22b. ADDRESS Troy, Mo

22c. DATE SIGNED 9/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-5-58

23c. NAME OF CEMETERY OR CREMATORY Winfield

23d. LOCATION (City, town, or county) (State) Winfield, Mo.

24. FUNERAL DIRECTOR ADDRESS Ricks Funeral Homes - Elsberry, Mo.

25. DATE RECD. BY LOCAL REG. 9-6-58

26. REGISTRAR'S SIGNATURE Charlotte Leek

(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 listed. All diseases in Part I must be causally related.

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FEB 18 1959

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. 4017

P. O. Address Elsberry, 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.