

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000373

STATE FILE NUMBER

FEB 9 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 138

300  
-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clarksdale 0320 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3132 Felix		Length of stay in lb 10 weeks	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 Middle Last Katie Dishman White			4. DATE OF DEATH Month Day Year 2 2 59		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-20-1877	9. AGE (In years and months) 81st birthday	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Mo, 0	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Kelam Dishman	13b. MOTHER'S MAIDEN NAME Isphene Broyles	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Lawrence White	Address Clarksdale Mo
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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) <u>Central Vascular Occident</u>		INTERVAL BETWEEN ONSET AND DEATH 3 hrs 10 yrs- 15500
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>hypertension</u>	
	DUE TO (c) <u>arteriosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		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 Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from Dec 1, 58 to Feb 2 59 and last saw her alive on Jan 30 59 Death occurred at 2 PM. 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>John A. Forgrave</i>	(Degree or title)	22b. ADDRESS 420 N 82nd St Clarksdale Mo	22c. DATE SIGNED 2/2/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 295-59	23c. NAME OF CEMETERY OR CREMATORY Amity	23d. LOCATION (City, town, or county) (State) Amity Mo
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24. FUNERAL DIRECTOR <i>John Brown</i>	ADDRESS Maysville Mo	25. DATE RECD. BY LOCAL REG. Feb 5, 1959	26. REGISTRAR'S SIGNATURE <i>Martha Clark Goodell</i>
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(Licensed Embalmer's Statement on Reverse Side)

Dr. John A. Forgrave  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

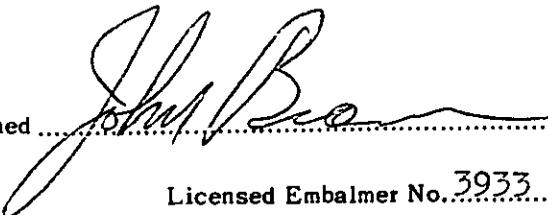
MEDICAL CERTIFICATION

All diseases in Part I must be causally 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 3933.....  
P. O. Address Mayssville 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.