

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS AUG 10 1959

59-025758

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 42

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| 1. PLACE OF DEATH a. COUNTY <u>KNOX</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>KNOX</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EDINA</u> | | Length of stay in 1b <u>2 DA</u> | c. CITY OR TOWN <u>HURDLAND</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GIBSON HOSP.</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>3mi NORTH.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>VIRGIL</u> Middle <u>L.</u> Last <u>WHITE</u> | | | 4. DATE OF DEATH Month <u>MAY</u> Day <u>21</u> Year <u>59</u> | | | |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>CAUCASIAN</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>FEB. 9, 1881</u> | 9. AGE (last birthday) <u>78</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|-----------------------|--------------------------------------|---|---|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE COBBLER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE REPAIR</u> | 11. BIRTHPLACE (City and state or country) <u>ADAIR COUNTY, MO</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>RICHARD W WHITE</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY ANN GREEVER</u> | 14. NAME OF HUSBAND OR WIFE <u>HURDLAND, MO</u> |
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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) <u>NO.</u> | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | 17. INFORMANT <u>RAY WHITE</u> | Address <u>HURDLAND, MO</u> |
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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>Cholera (Toxemia)</u> DUE TO (b) <u>Obstruction of Common Bile Duct.</u> DUE TO (c) <u>Primary Carcinoma of Pancreas.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 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) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| 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 _____ |
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21. I attended the deceased from May 19 to May 21 and last saw her/him alive on May 21, 1959
 Death occurred at 7:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>C. H. Gibson, DO</u> (Degree or title) | 22b. ADDRESS <u>Edina Mo.</u> | 22c. DATE SIGNED <u>5-27-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>MAY 23, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u> | 23d. LOCATION (City, town, or county) <u>HURDLAND</u> (State) <u>Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>W. Kelly Rogers</u> ADDRESS <u>Bonanza, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Aug 4 - 1959</u> | 26. REGISTRAR'S SIGNATURE <u>W. S. Humatt</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by KELLEY ROGERS, Student Embalmer No. 580

working under my personal supervision.

Student William Rogers
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Elm, Md

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.