

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030069

FILED VS SEP 15 1959

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u>		Length of stay in 1b <u>2 1/2 months</u>		c. CITY OR TOWN <u>Waynesville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>---</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Genevieve White</u>				4. DATE OF DEATH Month Day Year <u>August 29, 1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>May 1, 1942</u>	9. AGE (last birthday) <u>17</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school child</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and state or country) <u>Lemoges, France</u>		12. CITIZEN OF WHAT COUNTRY <u>France</u>	
13a. FATHER'S NAME <u>Wesley R. White,</u>			13b. MOTHER'S MAIDEN NAME <u>Winifred Bertram</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
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>no</u>		17. INFORMANT Address <u>Winifred White Waynesville, Mo.</u>			
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>Perforation of heart</u>							INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Gunshot wound</u>								
DUE TO (c) _____								
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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>victim inflicted wound with .22 rifle</u>						
20c. TIME OF INJURY <u>3:40</u>	Hour a.m. p.m. <u>8 29 59</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Residence</u>		20f. CITY, TOWN, OR LOCATION <u>Waynesville</u>		COUNTY <u>Pulaski</u>		STATE <u>Mo</u>
21. I attended the deceased from <u>at</u> <u>3:40 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Billy Jr Hedges</u> <u>Coroner</u>				22b. ADDRESS <u>Richland Missouri</u>			22c. DATE SIGNED <u>8-29-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Sept. 1, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Post Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Fort Leonard Wood, Mo.</u>			
24. UNDERTAKER'S ADDRESS <u>Hedges Funeral Homes, Inc.</u> <u>Waynesville, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>9-1-59</u>		26. REGISTRAR'S SIGNATURE <u>Emilia J. Anderson</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 25 1961

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter P. Kedge

Licensed Embalmer No. 4265

P. O. Address Iberia, Miss

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.