RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-030094
STATE FILE NUMBER

FILED VS SEP 8 1959

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 188

DED

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b 19 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 313 E. McKinsey — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: WILLARD DANIEL WHITE

4. DATE OF DEATH Month Day Year: August-24-1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan-4-1892
9. AGE (last birthday): 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: City of Moberly
11. BIRTHPLACE (City and state or country): Rucker Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ohler White
13b. MOTHER'S MAIDEN NAME: Ellen Green
14. NAME OF HUSBAND OR WIFE: Willie 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.: 702-09-8642
17. INFORMANT: Mrs. W. D. White — Address: Moberly Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	inanation & debilation	60 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinomatosis	8 months
DUE TO (c)	Carcinoma of prostate	2 years

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 10-7-57, to 8-24-59 and last saw ~~her~~ him alive on 8-24-59
Death occurred at 3:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] D.O.
22b. ADDRESS: Moberly, Mo
22c. DATE SIGNED: 8-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug-26-59
23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
23d. LOCATION (City, town, or county) (State): Moberly Mo.

24. FUNERAL DIRECTOR: Cater Funeral Home — ADDRESS: Moberly Mo.
25. DATE RECD. BY LOCAL REG.: 8-26-59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed R. M. Cater

Signature of Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moberly M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.