

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038652

FILED VS OCT 20 1959 391

STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 25

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> c. CITY OR TOWN <u>deau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bell City</u>		Length of stay in 1b <u>1 year</u>		c. CITY OR TOWN <u>Bell City</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>Shetley Nursing Home</u>				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 <u>Ivey</u> Middle <u>T.</u> Last <u>White</u>			4. DATE OF DEATH <u>October 6, 1959</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/11/1881</u>	
9. AGE (last birthday) <u>78</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chef</u>		11. BIRTHPLACE (City and state or country) <u>Keokuk, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William White</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy DeBman</u>		14. NAME OF HUSBAND OR WIFE <u>Henrietta White</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>Unknown</u>		17. INFORMANT <u>Nursing home records</u>			
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) <u>Bronchial PNEUMONIA</u>							
DUE TO (b) <u>Senility</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 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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	
21. I attended the deceased from <u>June 17, 1958</u> to <u>Oct 6, 1959</u> and last saw him alive on <u>Oct 5, 1959</u> Death occurred at <u>4:55 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E.C. Masters Sr.</u> (Degree or title)				22b. ADDRESS <u>Advance, Mo.</u>		22c. DATE SIGNED <u>Oct 12, 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/8/1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri.</u>	
24. FUNERAL DIRECTOR <u>L. L. Haman-Cape Girardeau, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>10/12/59</u>		26. REGISTRAR'S SIGNATURE <u>Derrick Moore</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA 100 21 OCT 1959

NOV 24 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard L. Hamen

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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.