

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 5 6 0

FILED VS DEC 3 0 1959

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5172 Registrar's No. 324

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Twp. #49 Shamrock Twp</u>	Length of stay in 1b <u>2 Months</u>	c. CITY OR TOWN <u>Twp. 49</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR#1, Wellsville</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RR #1, Wellsville</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Patrick</u> Middle <u>Lawrence</u> Last <u>White</u>	4. DATE OF DEATH Month <u>December</u> Day <u>20</u> Year <u>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>July 11, 1866</u>	9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
-----------------------	----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------	-------------------------------------	--------------------------------------------------	----------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired drayman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>dray & truck</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
-----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------	--------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
--------------------------------------	---------------------------------------------	-----------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>489-38-8436 A</u>	17. INFORMANT Address <u>Mrs. Maud Samel, Wellsville, Mo</u>
-----------------------------------------------------------------------------	----------------------------------------------	-----------------------------------------------------------------

18. CAUSE OF DEATH (Enter only one cause by for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Death due to natural causes, according to the investigation made by Denzil C. Browning, Coroner</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>to the investigation made by</u>		
DUE TO (c) <u>Denzil C. Browning, Coroner</u>		

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 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 <u></u> a.m. <u></u> p.m. <u></u>	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 <u>St. Louis, Missouri</u>	COUNTY	STATE
--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	------------------------------------------------------------	--------	-------

21. I attended the deceased from Approx. 3:30 P.M. to and last saw her/him alive on .
Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Maretta Lawrence Registrar</u>	22b. ADDRESS <u>Sulton, Mo</u>	22c. DATE SIGNED <u>Dec 21-1959</u>
-----------------------------------------------------------------------	-----------------------------------	----------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 23, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>	(State)
------------------------------------------------------------	-----------------------------------	---------------------------------------------------------------	---------------------------------------------------------------------	---------

24. FUNERAL DIRECTOR <u>Math Herman St. Louis, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 21, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>
----------------------------------------------------------	------------------------------------------------------	------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 19 1960

JAN 21 1960

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 Clement McPhee

Licensed Embalmer No. 3732

P. O. Address St. Louis

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