URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-009691

STATE FILE NUMBER

Registration District No. 4538 Primary Registration District No. 369 Registrar's No. 2

NDED

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Piedmont
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Benton Township
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Wayne
c. CITY OR TOWN: Piedmont
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 529 N 3rd.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Chester Middle Franklin Last White
4. DATE OF DEATH: Month Feb. Day 4th Year 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/27/04
9. AGE (last birthday): 55
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): Livestock Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Buying & Selling
11. BIRTHPLACE (City and state or country): Bronot Wayne Co.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Pinkney White
13b. MOTHER'S MAIDEN NAME: Mary Ann Sitzes
14. NAME OF HUSBAND OR WIFE: Ethel Horn 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.: 489-26-3335
17. INFORMANT: Mrs Ethel White Address: Piedmont

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Heart Pathology — 6 months
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. ☐ 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 after the death to ____ and last saw her/him alive on ____
Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: C. Jones M.D. (Degree or title)
22b. ADDRESS: Piedmont Mo.
22c. DATE SIGNED: 2/6
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/7/60
23c. NAME OF CEMETERY OR CREMATORY: Masonic
23d. LOCATION (City, town, or county) (State): Piedmont Mo.
24. FUNERAL DIRECTOR: William Coder ADDRESS: Piedmont, Mo.
25. DATE RECD. BY LOCAL REG.: 2/17/60
26. REGISTRAR'S SIGNATURE: Sheila Lowlace

(Licensed Embalmer's Statement on Reverse Side)

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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 Coder Funeral Home, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmon

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