RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 21 1960

60-009794
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monett — Length of stay in 1b: 25 min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Vincent Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Verona — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ida Middle: B Last: White
4. DATE OF DEATH: Month: 3 Day: 17 Year: 60
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 9-20-73
9. AGE (last birthday): 87
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Fort Madison, Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Berthold
13b. MOTHER'S MAIDEN NAME: Dupee
14. NAME OF HUSBAND OR WIFE: John P. White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Mildred Watson, Verona, Mo. Address:

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): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — ?
DUE TO (c): Generalized Arteriosclerosis — ?
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 [X] 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 3-17-60 to 3-17-60 and last saw ~~her~~ him alive on 3-17-60
Death occurred at 9:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. L. Edwards (Degree or title) MD
22b. ADDRESS: Monett Mo
22c. DATE SIGNED: 3-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 3-21-60
23c. NAME OF CEMETERY OR CREMATORY: Glendale Catholic
23d. LOCATION (City, town, or county) (State): Des Moines, Iowa

24. FUNERAL DIRECTOR ADDRESS: Marsh Funeral Home, Aurora, Mo
25. DATE RECD. BY LOCAL REG.: 3-19-60
26. REGISTRAR'S SIGNATURE: Mrs O M Cook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS MAR 23 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_____ Signed Brian L. Harsh

Signature of Student Embalmer

Licensed Embalmer No. 3812

P. O. Address Aurora Me

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.