

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011927

FILED VS MAR 16 1960

Registration District No. 248 Primary Registration District No. 5844 Registrar's No. 28 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Seneca twp.</u>		Length of stay in 1b <u>1 yr.</u>	c. CITY OR TOWN <u>rt 2, Seneca</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi. NW of Racine</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 mi. NW of Racine</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lillian Videtta White</u>			4. DATE OF DEATH Month Day Year <u>March 4, 1960</u>		
5. SEX <u>Fem.</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/23/20</u>	9. AGE (last birthday) <u>39</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and state or country) <u>Rice Lake, Wis.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Percy J. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Lorene Belle Farmer</u>	
14. NAME OF HUSBAND OR WIFE <u>Leroy 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>None</u>	
17. INFORMANT <u>Leroy White</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Scarf she was wearing caught in pulley</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>9:30 a.m. Mar. 4, 1960</u>		of a water pump and strangled her before help arrived.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Newton Missouri</u>	
21. I attended the deceased from <u>9:30 A.M.</u> to <u>March 4, '60</u> and last saw him <u>March 4, '60</u> Death occurred at <u>9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Carley Thompson Coroner</u>			22b. ADDRESS <u>Neosho Missouri</u>		22c. DATE SIGNED <u>3/8/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 8, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Racine, Missouri</u>
24. FUNERAL DIRECTOR <u>W. J. Bellmore</u>		ADDRESS <u>Seneca Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-10-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

