

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018962

FILED VS MAY 31 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 121

STATE FILE NUMBER

| | | | | | | | | |
|---|--|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Franklin. | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin. | | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Washington. | | Length of stay in 1b 3 yrs. | | c. CITY OR TOWN Washington. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) R. #1 West. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Fred Middle W. Last White, Jr. | | | | 4. DATE OF DEATH Month May Day 26, Year 1960. | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 1/30/1942 | 9. AGE (last birthday) 18 | IF UNDER 1 YEAR Months 3 Days 28 | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | | 10b. KIND OF BUSINESS OR INDUSTRY High School | | 11. BIRTHPLACE (City and state or country) Clayton, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Fred White, Sr. | | | 13b. MOTHER'S MAIDEN NAME Irene Reifsteck. | | | 14. NAME OF HUSBAND OR WIFE X | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | | 16. SOCIAL SECURITY NO. None. | | 17. INFORMANT Mrs. Alva Vaughan Address R. #2, Washington, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crush injury left chest and laceration of scalp with cerebral concussion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO DUE TO 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 | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Instant | |
| 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.) Subject was driving auto | | | | |
| 20c. TIME OF INJURY 8:45 Hour Minute p.m. Month, Day, Year 5/26/60 | 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.) Highway 50 W. of | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE Union Franklin Mo. | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 8:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) [Signature] | | | | 22b. ADDRESS [Address] | | 22c. DATE SIGNED 5/28/60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 5/29/60. | 23c. NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery, | | 23d. LOCATION (City, town, or county) (State) Washington, Mo. | | | |
| 24. FUNERAL DIRECTOR ADDRESS Nielburg & Vitt, Inc. Washington, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 5/27/60 | | 26. REGISTRAR'S SIGNATURE [Signature] | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 7 1960

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 Lester A. Vitt

Licensed Embalmer No. 3759

P. O. Address Washington

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.