

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023026

FILED VS JUL 11 1960

Registration District No. 144 Primary Registration District No. 4235 Registrar's No. 79

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>IRON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ANNAPOLIS</u>		Length of stay in 1b <u>2 hours</u>		c. CITY OR TOWN <u>FREDERICKTOWN</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>ANNAPOLIS, MO.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>ROUTE 1</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>JONHNATHAN</u> Last <u>WHITE</u>				4. DATE OF DEATH Month <u>JUNE</u> Day <u>27</u> Year <u>1960</u>						
5. SEX <u>MALE</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>8-2-88</u>		9. AGE (last birthday) <u>71</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST TOOL DYE MAKER - RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MADISON CO, MO.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>JOHN A. WHITE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY O. WHITWORTH</u>			14. NAME OF HUSBAND OR WIFE <u>MABLE 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>488--03-7407</u>		17. INFORMANT <u>MRS. DOROTHY DUNN, FREDERICKTOWN</u>				Address	
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>Mitral Insufficiency</u>								INTERVAL BETWEEN ONSET AND DEATH <u>year</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 a.m. p.m.		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		COUNTY		STATE		
21. I attended the deceased from <u>for</u> <u>year</u> and last saw <u>her</u> alive on <u>June 20 1960</u> Death occurred at <u>3:00 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>S. Collaugh Jr</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>FREDERICKTOWN, MO.</u>				22c. DATE SIGNED <u>6/29/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6/30/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>		23d. LOCATION (City, town, or county) <u>HIGDON, MO.</u>		(State)		
24. FUNERAL DIRECTOR <u>SAM NAJIM, JR., FREDERICKTOWN, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>6-30-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Kenneth Liley*

Licensed Embalmer No. 508

P. O. Address Frederick

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.