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U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH *Dr. H. J. ...* -60-024002
 FILED VS JUN 29 1960 *272* Registration District No. *4403* Primary Registration District No. *30* REGISTRAR'S NO. *30* STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY *Pemissot*
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *Steele* Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *301 Garland* Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE *Missouri* b. COUNTY *Pemissot*
 c. CITY OR TOWN *Steele* Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) *301 Garland* Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last *Miles Alexander White*
4. DATE OF DEATH Month Day Year *June 24, 1960*

5. SEX *Male* **6. COLOR OR RACE** *White* **7. Married** **Never Married**
8. DATE OF BIRTH *1-14-1883* **9. AGE** (last birthday) *77* **IF UNDER 1 YEAR** *5* Months *10* Days **IF UNDER 24 HR** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Retired Farmer and railroad section worker*
10b. KIND OF BUSINESS OR INDUSTRY *Humboldt, Tenn. U.S.A.*
11. BIRTHPLACE (City and state or country) *Humboldt, Tenn. U.S.A.*
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME *Clem White* **13b. MOTHER'S MAIDEN NAME** *Unknown* **14. NAME OF HUSBAND OR WIFE** *Lela 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. *None* **17. INFORMANT** *Leonard L. White - Festus, Mo.* 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) *Ca. prostate* **INTERVAL BETWEEN ONSET AND DEATH** *1 year*
 DUE TO (b)
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 *6-1-59* to *6-24-60* and last saw him alive on *6-24-60*
 Death occurred at *3:45 A* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *H. J. ... M.D.* **22b. ADDRESS** *Steele, Missouri* **22c. DATE SIGNED** *6-25-60*

23. BURIAL, CREMATION, REMOVAL (Specify) *Removal* **23b. DATE** *6-26-1960* **23c. NAME OF CEMETERY OR CREMATORY** *Mary's Chapel Cemetery* **23d. LOCATION** (City, town, or county) *Ripley, Tennessee*

24. FUNERAL DIRECTOR *John W. German - Dayti, Mo.* ADDRESS **25. DATE RECD. BY LOCAL REG.** *6-27-60* **26. REGISTRAR'S SIGNATURE** *H. J. ...*

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 6 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo

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.