. Health, & Welfare
S. Public
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v. 1-57

FILED VS JUL 6 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-025509
STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 336 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: SHANNON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WINONA — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence C.O. — Length of stay in Ib: 4½ yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: SHANNON
c. CITY OR TOWN: WINONA 1010, — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS: Box 777 Rt 1 (If outside city, give location) WINONA, Mo — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: DAVID Middle: LEMUEL Last: WHITE

4. DATE OF DEATH: Month: JUNE Day: 28 Year: 1960

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: March 31 1889

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (City and state or country): WAYNE County Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William WHite
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Sophie E. 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.: 489-18-6849
17. INFORMANT: Sophie WHite Address: Box 777 - Rt 1 WINONA, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY OCCLUSION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 June 28, to June 28 and last saw her/him alive on June 28-60
Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. L. Rollins M.D. (Degree or title)
22b. ADDRESS: Winona Mo
22c. DATE SIGNED: July 1, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 1, 1960
23c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
23d. LOCATION (City, town, or county) (State): Shannon County Mo

24. FUNERAL DIRECTOR: McSpadden **ADDRESS**: Van Buren, Mo
25. DATE RECD. BY LOCAL REG.: Jul 5-1960
26. REGISTRAR'S SIGNATURE: [signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

1-0

AUG 10 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 Donald B. Sloan, Student Embalmer No. 606 working under my personal supervision.

Student Donald B. Sloan
Signature of Student Embalmer

Signed Allan C. McGreen

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.