

URTI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026568

FILED VS JUL 25 1960

128

Primary Registration District No. 2000

Registrar's No. 786

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Washington COUNTY King									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		Length of stay in 1b 3 Yr. 11 Mo		c. CITY OR TOWN Seattle		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 225 17th Ave., North		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Henry Middle XXXXX Last WHITE				4. DATE OF DEATH Month 7 Day 18 Year 60									
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/19/77		9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR 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 Farm		11. BIRTHPLACE (City and state or country) Brookhaven, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Dale White				13b. MOTHER'S MAIDEN NAME Jennie Brown White				14. NAME OF HUSBAND OR WIFE Erma Opeby					
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. Unknown		17. INFORMANT Address MCFP - Files Springfield, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia										INTERVAL BETWEEN ONSET AND DEATH 4 Months			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Diabetes mellitus										10 Years			
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis										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 checked="" type="checkbox"/> NO <input 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 8/22/56 to 7/18/60 and last saw her/him alive on 7/18/60 Death occurred at 5:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Clarence K. ...</i>				(Degree or title) Clarence K. ... M.D.				22b. ADDRESS MCFP - Springfield, Missouri				22c. DATE SIGNED 7/19/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/21/60		23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD				23d. LOCATION (City, town, or county) SPRINGFIELD, MO.					
24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME ADDRESS SPRINGFIELD, MO.				25. DATE RECD. BY LOCAL REG. 7-21-60		26. REGISTRAR'S SIGNATURE <i>Effie S. ...</i>							

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 Gene B. Hunt

Licensed Embalmer No. 4739

P. O. Address Spfld. Mo.

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.