URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 16 1960

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 167

-60-030979
STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY: Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage — Length of stay in 1b: 50 years	c. CITY OR TOWN: Carthage — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): McCune Brooks Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 1030 Cedar — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: William	Middle: Leonard	Last: White	4. DATE OF DEATH	Month: August Day: 6 Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 3-15-1883	9. AGE (last birthday): 77	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (City and state or country): Cedar County, Mo.	12. CITIZEN OF WHAT COUNTRY: USA		
13a. FATHER'S NAME: Charlie White	13b. MOTHER'S MAIDEN NAME: Lue Sarah Edge	14. NAME OF HUSBAND OR WIFE: Alma Broam 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.: 492-20-5899	17. INFORMANT: Don White, Route # 2, Carthage, Mo	Address		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	24 hours
DUE TO (b)	Coronary occlusion	24 hours
DUE TO (c)	Arteriosclerosis generalized	Unknown

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 3-25-59, to 8-6-60 and last saw her/him alive on 8-6-60

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] MD.	22b. ADDRESS: 1515 Hazel Carthage Mo	22c. DATE SIGNED: 8/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-10-60	23c. NAME OF CEMETERY OR CREMATORY: Greenfield Cemetery	23d. LOCATION (City, town, or county) (State): Greenfield, Missouri
24. FUNERAL DIRECTOR ADDRESS: Ulmer Funeral Home, Carthage, Mo.	25. DATE RECD. BY LOCAL REG.: 8-9-60	26. REGISTRAR'S SIGNATURE: [signature]	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 495S

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.