

JR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS OCT 4 1960

-60-034136

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 29

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cedar</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u> | | Length of stay in 1b | c. CITY OR TOWN <u>El Dorado Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>508 E. Gentry</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>508 E. Gentry</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | | |
|--|-------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Golda</u> Middle <u>Mabel</u> Last <u>White</u> | | | 4. DATE OF DEATH Month <u>September</u> Day <u>27</u> Year <u>1960</u> | | | |
| 5. SEX <u>Female</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>8-15-1891</u> | 9. AGE (last birthday) <u>69</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>North Co., Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Benjamin Colkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Isabelle Watson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dave 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. | | 17. INFORMANT Address <u>Dave White, El Dorado Springs, Mo.</u> | | |

| | | |
|---|---|----------------------------------|
| 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>Metastatic carcinoma</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Adenocarcinoma of the colon</u> | |
| | DUE TO (c) | |

| | | | |
|---|--|--|--|
| 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. <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 <u> </u> Month, Day, Year <u> </u> | 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 1-4-60 to present and last saw her alive on 9-27-60
Death occurred at 6:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | | |
|--|----------------------------|--|--|---------------------------------|
| 22a. SIGNATURE (Degree or title) <u>Robert L. Magee, M.D.</u> | | 22b. ADDRESS <u>El Dorado Springs, Missouri</u> | | 22c. DATE SIGNED <u>9-29-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>9-30-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Isadora Cemetary</u> | 23d. LOCATION (City, town, or county) (State) <u>North Co., Missouri</u> | |

| | | |
|--|---|---|
| 24. FUNERAL DIRECTOR ADDRESS <u>Gwinn-Carothers, El Dorado Spcs. Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>9-29-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Blough S Allen</u> |
|--|---|---|

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

OCT 28 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max W. Dickerson

Licensed Embalmer No. 4696

P. O. Address G. W. D. [unclear]

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.