

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005853

Registration District No. 184 Primary Registration District No. 4300 Registrar's No. 28 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED VS MAR 6 1961

1. PLACE OF DEATH
a. COUNTY LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LACLEDE Length of stay in 1b 20 yrs
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY LINN
c. CITY OR TOWN LACLEDE Inside Limits Yes No
d. STREET ADDRESS (if outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ARTHUR WEBSTER WHITE 2-26-61

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-19-84 9. AGE (last birthday) 77 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION WORKER 10b. KIND OF BUSINESS OR INDUSTRY RAILROAD 11. BIRTHPLACE (City and state or country) CHULA, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME SOLOMON WHITE 13b. MOTHER'S MAIDEN NAME SERENA LONG 14. NAME OF HUSBAND OR WIFE LULU

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. _____ 17. INFORMANT Address LULU WHITE, LACLEDE, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 2-30
DUE TO (b) Coronary Insufficiency 5 years.
DUE TO (c) Cor Pulmonale 10 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Asstma - Emphysema 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 2/26/61 to 2-26-61 and last saw her/him alive on 2-26-61
Death occurred at 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A.W. Johnson M.D. 22b. ADDRESS Des Moines Mo 22c. DATE SIGNED 2-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS WRIGHT, LACLEDE, Mo. 25. DATE RECD. BY LOCAL REG. 2-28-61 26. REGISTRAR'S SIGNATURE Katharine Johnson dep

MAR 9 1961

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 C. H. Wright, Student Embalmer No. 625

working under my personal supervision.

Student C. H. Wright
Signature of Student Embalmer

Signed Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Vt

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.