SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 13 1961

-61-007509
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3003 Registrar's No. 35

AMENDED

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monett
Length of stay in 1b: 8 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Vincent Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Sarcoxie, Route #2
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 7 Miles E. Sarcoxie, Mo.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First EFFIE Middle L. Last WHITE
4. DATE OF DEATH: Month Feb. Day 25, Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/29/85
9. AGE (last birthday): 76
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lawrence County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: J. A. Rutherford
13b. MOTHER'S MAIDEN NAME: Mary Ellen Stowel
14. NAME OF HUSBAND OR WIFE: Albert 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.:
17. INFORMANT: Albert White Address: Route #2 Sarcoxie, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchopneumonia (Hypostatic) — 5 days
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Severe Arthritis
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 2-20-61 to 2-25-61 and last saw her/him alive on 2-25-61
Death occurred at 8:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title) M.D.
22b. ADDRESS: Monett, Mo.
22c. DATE SIGNED: 2/27/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/28/61
23c. NAME OF CEMETERY OR CREMATORY: Cave Springs Cem.
23d. LOCATION (City, town, or county) (State): Jasper County, Mo.
24. FUNERAL DIRECTOR: J. D. Buchanan ADDRESS: Monett, Mo.
25. DATE RECD. BY LOCAL REG.: 2-28-61
26. REGISTRAR'S SIGNATURE: Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1966

MAY 11 1961

OCT 26 1961

OCT 8 1964

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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.