

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-61-008151

STATE FILE NUMBER

FILED MAR 21 1961

Registration District No. 83 Primary Registration District No. 4145 Registrar's No. 4

V. S. 300
Rev. 1-57

0270

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>RAITIE HOME MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWNSHIP <u>RAITIE HOME MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>RAITIE HOME MO</u>		Length of stay in 1b <u>02</u> STREET ADDRESS <u>RAITIE HOME MO</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>WALTER CHRISTOPHER WHITE</u>			4. DATE OF DEATH Month Day Year <u>MARCH 14-1961</u>
5. SEX <u>MALE</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>JULY 14-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CAR</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>
13a. FATHER'S NAME <u>MILLARD WHITE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH DEWEY</u>	14. NAME OF HUSBAND OR WIFE <u>WILMA WHITE</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>YES - WORLD WAR</u>		16. SOCIAL SECURITY NO. <u>4201</u>	17. INFORMANT Address <u>Mildred Kubov 3923 Central R.C.M.</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>Coronary Artery Disease</u> DUE TO (b) <u>cardiac degeneration from</u> DUE TO (c) <u>previous coronary disease 1951</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>1948</u> to <u>3/14/61</u> and last saw him alive on <u>3/14/61</u> Death occurred at <u>6:50 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Decker</u>		22b. ADDRESS <u>Bronauck Mo</u>	
22c. DATE SIGNED <u>3/14/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 16-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>	23d. LOCATION (City, town, or city) (State) <u>BRONAUCK MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>G. ALBERT HORNBECK RAITIE HOME MO</u>		25. DATE RECD. BY LOCAL REG. <u>March 16-1961</u>	26. REGISTRAR'S SIGNATURE <u>Virginia T Higgins</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS APR 12 1967

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 *Co. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Add. *Prairie Home*

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.

comply