MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-014503
STATE FILE NUMBER

AMENDED

FILED MAY 12 1961

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Levering Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Formerly 523 South Hayden
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ELIZABETH Middle: Last: WHITE
4. DATE OF DEATH: Month APRIL Day 28 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 20, 1883
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months 9 Days 8
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ralls County Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William White
13b. MOTHER'S MAIDEN NAME: Anna Rose
14. NAME OF HUSBAND OR WIFE: Never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Mrs. Lola Walden Address: Hannibal Missouri

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) Gradually - multiple embolisations to lungs + brain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ① Intertrochanteric fracture rt femur ② Pneumonia ③ Congestive heart failure
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.) Fell in home
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: April 7 1961
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.): Rest home
20f. CITY, TOWN, OR LOCATION: Hannibal COUNTY: Marion STATE: Missouri
21. I attended the deceased from April 7, 1961, to April 27, 1961 and last saw her/him alive on April 27, 1961
Death occurred at 9:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Phillip B. Foreman M.D.
22b. ADDRESS: 711 Grand Ave. Hannibal
22c. DATE SIGNED: 4-29-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 1, 1961
23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet
23d. LOCATION (City, town, or county) (State): Hannibal Missouri
24. FUNERAL DIRECTOR ADDRESS: W. Crawford Smith Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 5/4/61
26. REGISTRAR'S SIGNATURE: Dr. E. M. Kuche by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 W. Crawford Smith

Licensed Embalmer No. 7814

P. O. Address Hannibal Missouri

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.