

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018510

STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 173

FILED JUN 5 1961		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pettis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		a. STATE Missouri b. COUNTY Pettis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1320 S. Brown		Length of stay in lb 7 months		c. CITY OR TOWN Sedalia	
Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 1320 S. Brown		Inside Limits Yes ☐ No ☒	
3. NAME OF DECEASED First Middle Last					
DONNA R. B. WHITE					
4. DATE OF DEATH Month Day Year May 31 1961					
5. SEX Female		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	
8. DATE OF BIRTH 3-15-1893		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days 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 Own Home		11. BIRTHPLACE (City and state or country) Wickliffe, Kentucky	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Crews		13b. MOTHER'S MAIDEN NAME Massey (Unknown)	
14. NAME OF HUSBAND OR WIFE George C. White		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. not given	
17. INFORMANT Mrs. Harold Rye, 1320 S. Brown, Sedalia, 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) Carcinomatosis from Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Carcinoma of the breast DUE TO (b) Carcinoma of the breast DUE TO (c) Pulmonary edema		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)		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 April 1 1961 to May 31 1961 and last saw her alive on May 31 1961 Death occurred 1:30 am on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Chas Gordon Shuffache MD (Degree or title)		22b. ADDRESS Sedalia Mo		22c. DATE SIGNED 5-31-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 31, 1961		23c. NAME OF CEMETERY OR CREMATORY Unknown	
23d. LOCATION (City, town, or county) Wickliffe, Kentucky		24. FUNERAL DIRECTOR D.W. Heckart, Gillespie Funeral Home,		25. DATE RECD. BY LOCAL REG. 5-31-1961	
26. REGISTRAR'S SIGNATURE Frances Shelby		(Licensed Embalmer's Statement on Reverse Side)			

(Licensed Embalmer's Statement on Reverse Side)

1961 JUN 15

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. E. Eckhart

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.