MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030315
STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 196

FILED SEP 6 1961

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Phelps
c. CITY OR TOWN: St. James Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 408 E Hwy 66 Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Everett Middle: Elsworth Last: White
4. DATE OF DEATH: Month: August Day: 30 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-25-1920
9. AGE (last birthday): 41
IF UNDER 1 YEAR: Months 7 Days 5 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Auto
11. BIRTHPLACE (City and state or country): Phelps Co, Missouri USA
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank White
13b. MOTHER'S MAIDEN NAME: Mabel Ketchum
14. NAME OF HUSBAND OR WIFE: Roberta
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
17. INFORMANT: Roberta White Address: St. James, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 8-25-61
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Virus pneumonia — 8-30-61
DUE TO (c):
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 8-25-61, to 8-30-61 and last saw him alive on 8-30-61
Death occurred at 3:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. P. Bulick D.O.
22b. ADDRESS: St. James, Mo.
22c. DATE SIGNED: 9-1-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 2, 1961
23c. NAME OF CEMETERY OR CREMATORY: Asher Cemetery
23d. LOCATION (City, town, or county) (State): Phelps Co, Mo.
24. FUNERAL DIRECTOR: Jesse Baker ADDRESS: St James Mo
25. DATE RECD. BY LOCAL REG.: Sept. 1, 1961
26. REGISTRAR'S SIGNATURE: Nadine L Stoll

(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

MEDICAL CERTIFICATION

SEP 19 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 C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St James, M

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.