MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-030524
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 334

FILED AUG 31 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre Mo — Length of stay in 1b: 3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bonne Terre Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Francois
c. CITY OR TOWN Flat River Mo — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 309 National St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Herbert Middle Hiram Last White
4. DATE OF DEATH: Month August Day 21 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-20-1901
9. AGE (last birthday): 60 — 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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Bonne Terre Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John White
13b. MOTHER'S MAIDEN NAME: Josephine Wigger
14. NAME OF ~~HUSBAND~~ OR WIFE: Jessie White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT: Jessie White — Address: 309 National Flat River Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Acute Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Dis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ ☒
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 Aug 19 61 to Aug 21-61 and last saw ~~her~~ him alive on Aug 21-61
Death occurred at 10:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. H. Applebury MD
22b. ADDRESS: Rivermines Mo
22c. DATE SIGNED: 8-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 24 1961
23c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
23d. LOCATION (City, town, or county) (State): St Francois County Mo

24. FUNERAL DIRECTOR — ADDRESS: C.Z. Boyer and Son Bonne Terre Mo
25. DATE RECD. BY LOCAL REG.: Aug. 23, 1961
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1961

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 Burkin T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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.