

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033631

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 2, 2 Primary Registration District No. 3044 Registrar's No. 27

FILED SEP 19 1961

1. PLACE OF DEATH a. COUNTY MILLER b. CITY OR TOWN ELDON Length of stay 1b YEARS c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 15TH & COLORADO Inside Limits Yes X No [] d. STREET ADDRESS (If outside, give location) 15TH & COLORADO Reside on Farm Yes [] No X

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT FORREST WHITE 4. DATE OF DEATH Month Day Year SEPTEMBER 7 1961

5. SEX MALE 6. COLOR OR RACE CAUCASIAN 7. Married X Never Married [] Widowed [] Divorced [] 8. DATE OF BIRTH 12-31-79 9. AGE (last birthday) 81 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) ATTORNEY 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) MILLER COUNTY, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME ROBERT C. WHITE 13b. MOTHER'S MAIDEN NAME MARY E. RICE 14. NAME OF HUSBAND OR WIFE NANCY WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [] (If yes, give war or dates of service) [] 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Address MRS. OSCAR MACE, ELDON, 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) Uremia INTERVAL BETWEEN ONSET AND DEATH 24 hrs DUE TO (b) Arteriosclerosis und term ined DUE TO (c) Severe fall at home (no fractures) 7 days 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 X 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 9-6-61 to 9-7-61 and last saw him alive on 9-6-61 Death occurred at 6:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE N. L. Kirk Degree or title D.O. 22b. ADDRESS 101 N. Maple Eldon, Missouri 22c. DATE SIGNED 9-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 9-9-61 23c. NAME OF CEMETERY OR CREMATORY DOULEY 23d. LOCATION (City, town, or county) (State) ELDON Mo.

24. FUNERAL DIRECTOR ADDRESS PHILLIPS FUNERAL HOME ELDON 25. DATE RECD. BY LOCAL REG. Sept. 9, 1961 26. REGISTRAR'S SIGNATURE Al Waretta Waltz

(Licensed Embalmer's Statement on Reverse Side)

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

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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Elkhart

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.