OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-047634
STATE FILE NUMBER

AMENDED

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 17

FILED JAN 4 1962

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Piedmont
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 401 E Elm
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Wayne
c. CITY OR TOWN: Piedmont
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 401 E Elm
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Asa Middle: Frederick Last: White
4. DATE OF DEATH: Month: Dec Day: 25 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 8-2-1898
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months: 4 Days: 23
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Oil Agent
10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil
11. BIRTHPLACE (City and state or country): Wayne Co. Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William White
13b. MOTHER'S MAIDEN NAME: Julia Heath
14. NAME OF HUSBAND OR WIFE: Frances Boston White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Jackie Carter Address: Springfield Ill

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): Massive Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-Vascular disease — 12 yrs
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 [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 10-21-61, to 12-25-61 and last saw him alive on 12-25-61
Death occurred at 3:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD.
22b. ADDRESS: Piedmont, Mo.
22c. DATE SIGNED: 12-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-27-61
23c. NAME OF CEMETERY OR CREMATORY: Greenville
23d. LOCATION (City, town, or county): Greenville (State): Mo.

24. FUNERAL DIRECTOR: William Cole ADDRESS: Piedmont, Mo
25. DATE RECD. BY LOCAL REG.: 12-29-61
26. REGISTRAR'S SIGNATURE: Sheila Lowelace

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4 1962

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 Coder Funeral Home, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.