

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003056

STATE FILE NUMBER

AMENDED

Registration District No. 274Primary Registration District No. 3052Registrar's No. 33

FILED JAN 29 1962

1. PLACE OF DEATH

a. COUNTY Pettisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SedaliaLength of stay in 1b
50 yrs

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE Mob. COUNTY Pettisc. CITY
OR TOWN SedaliaInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sedalia Rest HomeInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Sedalia Rest HomeReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

AliceWhite

4. DATE OF DEATH

Month

Day

Year

Jan 23, 1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-11-1867

9. AGE (Has birthday)

94

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)

Cafeteria

10b. KIND OF BUSINESS OR INDUSTRY

Food

11. BIRTHPLACE (City and state or country)

Canada

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Hale

13b. MOTHER'S MAIDEN NAME

Elena Bullock

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Miss Natalie Miller - Evanston, Ill

Address

Evanston, Ill

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

myocarditis chronic
generalized arteriosclerosis

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 ☐ Unknown19. 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

OCT-1956to 1-23-62and last saw her alive on 1-23-62

Death occurred on

10:40 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Decree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-26-1962

23c. NAME OF CEMETERY OR CREMATOR

Mount Olive

23d. LOCATION (City, town, or county)

Pittsburg, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

M. Langalia Bros - Sedalia Mo1-24-1962Francis Shelby

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JAN 30 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed K.P.M. Lary

Licensed Embalmer No. 3153

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.