

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005682
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 235

FILED MAR 5 1962

AMENDED

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 9 Days	c. CITY OR TOWN Elwood
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Meth. Hosp, Med. Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1302 Kentucky
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last William Nathaniel White			4. DATE OF DEATH Month Day Year Feb. 21, 1962	
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5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 26-1901	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher	10b. KIND OF BUSINESS OR INDUSTRY Meat Packing Pl.	11. BIRTHPLACE (City and state or country) Burr Oak Bottoms-Ks.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William N. White, Sr.	13b. MOTHER'S MAIDEN NAME Mattie Miller	14. NAME OF HUSBAND OR WIFE Mrs. Agness White
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Mrs. Agness M. White- Address 1302 Kentucky Elwood, Ks.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Carcinoma prostate DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 hrs 6 mo
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 2-13-62 to 2-21-62 and last saw him alive on 2-21-62 Death occurred at 1:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.N. Martin, M.D.	(Degree or title)	22b. ADDRESS 706 Francis St. Joplin, Mo	22c. DATE SIGNED 2-26-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 24-1962	23c. NAME OF CEMETERY OR CREMATORY Bellemont Cemetery	23d. LOCATION (City, town, or county) Wathena, Kansas (State)
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24. FUNERAL DIRECTOR Wm. H. Alexander	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 28, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Haddell
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF W.N. MARTIN, M.D. MEDICAL CERTIFICATION

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address: St. Joseph, 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.