MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 134 STATE FILE NUMBER 62-014000

FILED APR 30 1962

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1615-S-Baltimore — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1615-S-Baltimore — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First HILLIS Middle P Last WHITE

4. DATE OF DEATH Month April Day 26 Year 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 9-14-17
9. AGE (last birthday) 44 — 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) Ice maker
10b. KIND OF BUSINESS OR INDUSTRY Ice Machine
11. BIRTHPLACE (City and state or country) Arbela, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph D. White
13b. MOTHER'S MAIDEN NAME Stella Bryor
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 2
16. SOCIAL SECURITY NO.
17. INFORMANT Address Carroll White, Kirksville, Mo.

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis — ?
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 ☒
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 2, 1961 to April 25, 1962 and last saw him alive on April 25, 1962
Death occurred at 12:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. T. Rhoads, D.O.
22b. ADDRESS 110 So. Franklin Kirksville, Mo.
22c. DATE SIGNED 4-27-1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-28-1962
23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery
23d. LOCATION (City, town, or county) (State) Kirksville, Missouri

24. FUNERAL DIRECTOR ADDRESS Davis & Davis, Kirksville, Mo.
25. DATE RECD. BY LOCAL REG. April 27, 1962
26. REGISTRAR'S SIGNATURE Dorris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0017		
2	0017		
3			
4	0		
5	3		
6			
7	0		
8	2		
9	420.1		
10			
11			
12	90-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

Permit issued April 27, 1962

A. T. RHOADS, D.O.

MAY 8 1962

MAY 10 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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.