

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018474

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 64

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 4 1962	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>	Length of stay in 1b <u>14 mon.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Resthaven</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN <u>Prairie Home</u>	
d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILMA</u> Middle <u>M.</u> Last <u>WHITE</u>	4. DATE OF DEATH Month <u>May</u> Day <u>26</u> Year <u>1962</u>
5. SEX <u>fe</u>	6. COLOR OR RACE <u>white</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/8/97</u>
9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>
11. BIRTHPLACE (City and state or country) <u>Cooper County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Henry Grissum</u>	13b. MOTHER'S MAIDEN NAME <u>Nora Rentschler</u>
14. NAME OF HUSBAND OR WIFE <u>Walter White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>
17. INFORMANT <u>Mrs Norman Greisbach</u>	Address <u>Boonville, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral degeneration</u> DUE TO (b) <u>Cerebral Sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <u>Boonville</u> COUNTY <u>Cooper</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>1958</u> to <u>May 26-62</u> and last saw her <u>alive</u> on <u>May 24-62</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. DeLoach MD</u> (Degree or title)	22b. ADDRESS <u>Boonville Mo</u>
22c. DATE SIGNED <u>5/28/62</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>5/28/62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cem.</u>	23d. LOCATION (City, town, or county) <u>Boonville, Mo.</u>
24. FUNERAL DIRECTOR <u>Hornbeck-Thacher</u> ADDRESS <u>Prairie Home, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5/28/62</u>
26. REGISTRAR'S SIGNATURE <u>DeHooper</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF) DATE AMENDED (BY AFFIDAVIT OF) SHOULD READ

VS 300
Rev. 4/59
<u>6275</u>
<u>72702</u>
3
4 <u>1</u>
5 <u>2</u>
6
7 <u>0</u>
8 <u>2</u>
<u>9334X</u>
10
11
<u>1296-0</u>
<u>13 1-0</u>

MS
JUN 29 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 Berry W. Hacker

Licensed Embalmer No. 3944

P. O. Address Boonville, 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.