

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032076

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

290

Primary Registration District No.

Registrar's No.

112

FILED SEP 12 1962

a. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN CullenLength of stay in 1b  
15 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Residence Hwy YInside Limits  
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Pulaski

c. CITY OR TOWN Waynesville

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Rural Hwy YReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Zula Saphrenia White4. DATE OF DEATH  
Month Day Year  
Sept 2 19625. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
Oct 9 18889. AGE (last birthday)  
7310. IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife10b. KIND OF BUSINESS OR INDUSTRY  
Domestic11. BIRTHPLACE (City and state or country)  
Pulaski County Mo12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

William Lee

13b. MOTHER'S MAIDEN NAME

Susan Ray

14. NAME OF HUSBAND OR WIFE

Tom White

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, go, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
None17. INFORMANT Address  
Chester Hedrick St Louis Missouri18. 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 under-  
lying cause last.

DUE TO (b)

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 w  
there a pregnancy in last 90 day☐ 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, Year20d. 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 9-1-62 to 9-1-62 and last saw her alive on 9-1-62  
Death occurred at Not Known p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Describe on title)

22b. ADDRESS

22c. DATE SIGN

23a. BURIAL REMOVAL,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

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

(State)

Burial 9-6-1962 Memorial Cemetery Crocker Missouri

24. FUNERAL DIRECTOR  
Moss-Williams

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

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 Clarence F. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.

Embalmed 9/4/62 B.C.