

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034190

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. MM Primary Registration District No. 3016 Registrar's No. 353

FILED SEP 17 1962

VS 300
Rev. 4/59

0269
2269
3
4 1
5 2
6
7 0
8 2
9 9040
10 21
11 121
123 - 0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON City</u>		Length of stay in lb <u>7 DAYS</u>	c. CITY OR TOWN <u>JEFFERSON City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>206 Boonville Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Jennie</u> Middle <u>White</u> Last <u>White</u>			4. DATE OF DEATH Month <u>September</u> Day <u>11</u> Year <u>1962</u>
5. SEX <u>Female</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>3-26-1872</u>
9. AGE (last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN House</u>	11. BIRTHPLACE (City and state or country) <u>Deere, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William Thompson</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ferguson</u>		14. NAME OF HUSBAND OR WIFE <u>A.E. White (deceased)</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>NONE</u>	17. INFORMANT <u>Mrs. W.W. Smith</u> Address <u>JEFFERSON City, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute Cardiac Failure</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arterio Sclerosis</u>			
DUE TO (c) <u>Fractured Left Hip & Fore arm ^{open} reduction</u>			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.) <u>Fell fracturing left Hip + forearm</u>	
20c. TIME OF INJURY <u>6:00 p.m.</u>	Month, Day, Year <u>9-4-62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Cole Mo.</u>	20g. COUNTY <u>COLE</u>	20h. STATE <u>MO.</u>
21. I attended the deceased from <u>11-3-45</u> to <u>9-11-62</u> and last saw her alive on <u>9-10-62</u> Death occurred at <u>3:15</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. V. M. Knealy, MD.</u>		22b. ADDRESS <u>JEFFERSON City, Mo.</u>	22c. DATE SIGNED <u>9-12-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>9-14-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WOODS CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Chamois, Missouri</u>
24. FUNERAL DIRECTOR <u>Weldon N. Houser</u>		25. DATE RECD. BY LOCAL REG. <u>14 September 1962</u>	26. REGISTRAR'S SIGNATURE <u>R. P. ...</u>

USE BLACK INK OR TYPEWRITER RIBBON

VS SEP 20 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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Jefferson City, 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.