

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037388
STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 4514 Registrar's No. 74

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

11050
21050

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. **FILED OCT 8 1962**
 a. COUNTY Sullivan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green City Length of stay in 1b 38 years
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Own home Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Sullivan
 c. CITY OR TOWN Green City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) No street address Reside on Farm Yes No
 3. NAME OF DECEASED (Type or print) First Lola Middle Opal Last White 4. DATE OF DEATH Month October Day 3 Year 1962
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9/25/1897 9. AGE (last birthday) 65 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own home 11. BIRTHPLACE (City and state or country) Novinger, Mo. 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Jerry Daniels 13b. MOTHER'S MAIDEN NAME Rachel Darr 14. NAME OF HUSBAND OR WIFE Ursel O. White
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Ursel O. White, Green City, Mo. Address
 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Intrapleural Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 weeks
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Malignant Mesodermal Tumors 2 years
 DUE TO (c) Malignant Mixed Mesodermal Uterine Tumor 3 years
 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 March 1950 to October 3, 1962 and last saw her/him alive on October 3, 1962
 * Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE R D Smith D.O. (Degree or title) 22b. ADDRESS Green City, Mo 22c. DATE SIGNED Oct 4, 1962
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/5/1962 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, for county) (State) Green City, Mo.
 24. FUNERAL DIRECTOR Glen E. Lutzman, Green City, Mo ADDRESS 25. DATE RECD. BY LOCAL REG. 10-5-62 26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett

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

Carl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green 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.