MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-041745
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1371

FILED DEC 12 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

1	5117
2	8150
3	
4	3
5	1
6	
7	1
8	1
9	203X
10	
11	
12	3-0
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 11 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Josephs Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Doniphan
c. CITY OR TOWN: Wathena — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Rural Route 1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Goldie Middle: Last: White

4. DATE OF DEATH: Month: December Day: 3, Year: 1962

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Jan. 11, 1911
9. AGE (last birthday): 51 — 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: Home
11. BIRTHPLACE (City and state or country): Nashville, Tenn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Levi Shane
13b. MOTHER'S MAIDEN NAME: Sarah Murray
14. NAME OF HUSBAND OR WIFE: Elijah A. 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: Elijah A. White, Address: Wathena, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Subarachnoid hemorrhage from rt. middle cerebral vessel — INTERVAL BETWEEN ONSET AND DEATH: 22 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Multiple myeloma infiltration — ? 2-3 mos
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 [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 1961, to 12/62 and last saw her alive on 12/2/62
Death occurred at 2:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature], M.D.
22b. ADDRESS: Wathena, Kansas
22c. DATE SIGNED: 12/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 5, 1962
23c. NAME OF CEMETERY OR CREMATORY: Bellemont Cemetery
23d. LOCATION (City, town, or county) (State): Wathena, Kansas

24. FUNERAL DIRECTOR: Wm. H. Alexander — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 7, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

E. Peterson MMD

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 12/5/62

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.