MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047654
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 5751 Registrar's No. 116

DO NOT WRITE ON THIS STUB | AMENDED

VS 300 Rev. 4/59

1	6 2 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 2 | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

FILED JAN 3 1963

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Madison Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison
c. CITY OR TOWN R.F.D. #3 Fredericktown — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) St. Michaels Township 1 Mi. N of Fredericktown — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Michael, Middle Wayne, Last White
4. DATE OF DEATH: Month December, Day 23, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ CHILD Divorced ☐
8. DATE OF BIRTH: May 11, 1951
9. AGE (last birthday): 11 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Madison County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Sylvester Clarence White
13b. MOTHER'S MAIDEN NAME: Nancy Jane House
14. NAME OF HUSBAND OR WIFE: XXXXXXXXXXXXX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Verna Umfleet — Address: Farmington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): TRAUMATIC SHOCK — INTERVAL BETWEEN ONSET AND DEATH: 15 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): AVULSION of Rt Kidney from pedicle — 15 Hrs
~~DUE TO (c)~~: Lacerated wound liver, Concussion, multiple Rib fractures
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.) Auto accident – Pt struck by car
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year 12-22-62
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: Fredericktown — COUNTY: Madison — STATE: Mo.

21. I attended the deceased from 12-22-62, to 12-23-62 and last saw her/him alive on 12-23-62
Death occurred at 8:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George L. Watkins MD
22b. ADDRESS: Farmington Mo
22c. DATE SIGNED: 12-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 25, 1962
23c. NAME OF CEMETERY OR CREMATORY: Christian Cemetery
23d. LOCATION (City, town, or county) (State): Madison County, Missouri

24. FUNERAL DIRECTOR: J. V. Adamson — ADDRESS: Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG.: 12-26-1962
26. REGISTRAR'S SIGNATURE: Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

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 H. Adamson

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, 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.