

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036809

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 5659 Registrar's No. 67

FILED SEP 25 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

105611

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton		Length of stay in 1b Life	c. CITY OR TOWN Canton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Canton	
3. NAME OF DECEASED (Type or print) First Charlie Middle Mace Last White		4. DATE OF DEATH Month Sept. Day 18 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-16-1872	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Employee	9. AGE (last birthday) 91	
11. BIRTHPLACE (City and state or country) Colony, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John White		13b. MOTHER'S MAIDEN NAME Ursula Trunnell	14. NAME OF HUSBAND OR WIFE Laura H. Powell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO. [redacted]		
17. INFORMANT Ursula White, Canton, Mo.		Address [redacted]		
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure			INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
DUE TO (b) Congestive heart failure			7-6 yrs	
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 was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 1-2-62 to 9-18-63 and last saw him alive on 9-18-63 Death occurred at 9-19-63 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <i>H. Schephorst M.D.</i>		22b. ADDRESS <i>Canton Mo.</i>		22c. DATE SIGNED 9-20-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-21, 1963	23c. NAME OF CEMETERY OR CREMATORY Forest Grove	
23d. LOCATION (City, town, or county) Canton, Lewis Co. Mo.		24. FUNERAL DIRECTOR ADDRESS <i>Carl H. Barkley Canton Mo.</i>		
25. DATE RECD. BY LOCAL REG. 9-21-63		26. REGISTRAR'S SIGNATURE <i>Mrs. Henry Lloyd</i>		

USE BLACK INK OR TYPEWRITER RIBBON

OCT 30 1963

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 Earl H. Buckley

Licensed Embalmer No. 2615
P. O. Address Canton, 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.