

FILED JUN 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. **20651**

540
3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5641</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dover Twp</u>		c. LENGTH OF STAY (in this place) <u>Dover Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dover Twp</u>		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Body found in Missouri River</u>				d. STREET ADDRESS (If rural, give location) <u>Dover Twp. found road.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Unknown</u> b. (Middle) <u>White</u> c. (Last) <u>male</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-14-51</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>4</u>		8. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably by drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Found in Missouri River 6-14-51. Body decomposed. Probably dead several months or a year.</u> DUE TO (c) <u>dead several months or a year.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9298</u> <u>054 42</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Unknown</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>East house</u>		21c. (CITY TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>054 42</u>			
21d. TIME OF DEATH (Month) (Day) (Year) (Hour) <u>Body found 6-14-51</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Unknown</u>			
22. I hereby certify that I attended the deceased from <u>after death</u> , 19 <u>51</u> , <u>June 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 14</u> , 19 <u>51</u> , and that death occurred at <u>from the causes and on the date stated above.</u>							
23a. SIGNATURE <u>W. W. Martin</u> (Degree or title)				23b. ADDRESS <u>Oddsma Inn</u>		23c. DATE SIGNED <u>6-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 15 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>County Farm</u>		24d. LOCATION (City, town, or county) (State) <u>Texington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 29, 1951</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home, Texington, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-26-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-26-51 _____

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

W. McKeari

Licensed Embalmer No. _____

2983

P. O. Address _____

Wellington, Mass.

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 this body is not embalmed, fact should be so stated above.