

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27256

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 55-93 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-PLATTIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-PLATTIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. 1 - Festus</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. 1 Festus</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Aaron</b> b. (Middle) <b>Green</b> c. (Last) <b>White</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 1 1949</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Aug 13 - 1857</b>	9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>VICTORIA, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JAMES White</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET WILLIAMS</b>	14. NAME OF HUSBAND OR WIFE <b>JULIA M CARRON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>C. S. White</b>	ADDRESS <b>Festus, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 7/4-0</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		
	DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4500</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1948, to 9-1, 1949, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. S. White</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>De Soto, Mo.</b>	23c. DATE SIGNED <b>9-1-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-4-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CHARTER</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9/6/49</b>	REGISTRAR'S SIGNATURE <b>Marie Harris</b>	146	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Lee Mothershead</b>	ADDRESS <b>De Soto, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

District File Number

District Health Officer No. 9

SEP 7 1919

RECEIVED  
DISTRICT HEALTH OFFICER  
NO. 9

*Handwritten notes and scribbles, possibly including a name like "John" and a date like "1919".*

*Handwritten signature*

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 .....  
Student Embalmer

Signed Andrew England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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 this body is not embalmed, fact should be so stated above.