THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1957

18382 STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 170

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Desloge — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Enroute to Bonne Terre Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Flat River — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1010 Monroe — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First	Middle	Last
	Charles	Monta	White

4. DATE OF DEATH: Month June Day 1st. Year 1957

5. SEX: Male — 6. COLOR OR RACE: White — 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 8. DATE OF BIRTH: Nov. 13th. 1894 — 9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 6 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Lead Mining
11. BIRTHPLACE (City and state or country): West Fork, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Turner White
14. MOTHER'S MAIDEN NAME: Delphia Crosslin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW - 1
16. SOCIAL SECURITY NO.: 490 03 2679
17. INFORMANT — Address: Mrs. Virginia White, Flat River, 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): pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): fracture of tibia & fibula — 6 weeks
DUE TO (c): 9129

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 46

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): struck by a crane
20c. TIME OF INJURY — Hour a.m.: 8:30 — Month, Day, Year: 4-16-1957
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.): Bonne Terre Farming - Cattle Co.
20f. CITY, TOWN, OR LOCATION: FLAT RIVER — COUNTY: St. Francois — STATE: Mo.

21. I attended the deceased from June 1, 1957 to June 1, 1957 and last saw him alive on June 1, 1957
Death occurred at 9:30A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Byron H. Taylor Jr., M.D.
22b. ADDRESS: 22 Science St., FLAT RIVER, Mo
22c. DATE SIGNED: June 3, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/4/1957
23c. NAME OF CEMETERY OR CREMATORY: Adams Cemetery
23d. LOCATION (City, town, or county) (State): Frankclay, Missouri

24. FUNERAL DIRECTOR — ADDRESS: C.Z.Boyer & Son Desloge, Mo
25. DATE RECD. BY LOCAL REG.: June 3, 1957
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. L. Boyer

Licensed Embalmer No. 16

P. O. Address Dos/09

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.