

CERTIFICATE OF DEATH

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 465

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

4. 5/117

5. 2

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 5/117

PARENTS

CAUSE

CERTIFIER

BU

9. 0
10a. 75
10b.
11. 0
12. 2
13. 4369
14. 4
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Albert		Newton		WHITE	male	3. April 5, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEAR)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 75	MOS.	DAYS	6. Nov. 17, 1892		70. Buchanan
CITY, TOWN, OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. St. Joseph,				7d. Mo. Methodist Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8 Missouri		9 U.S.A.		10 Widowed		11. none	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVENTUALLY REQUIRED)			KIND OF BUSINESS OR INDUSTRY		
17		13b. Re. Laborer,			13b. Farm and Construction		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. Missouri		14b. Buchanan	14c. St. Joseph,		14d. yes		14e. 321 Indianat
FATHER—NAME				MOTHER—MAIDEN NAME			
15. William Jasper White				16. Rachel Wiseman			
INFORMANT—NAME				MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP)			
17a. Family records				17b. Xxy			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) <i>Bronchopneumonia, bilateral, fulminating</i>				2 days	
DUE TO, OR AS A CONSEQUENCE OF:		(b) <i>Cerebral vascular accident</i>				several days	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c) <i>General arteriosclerosis</i>				unknown	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19. <i>Previous CVA. Malnutrition. Dehydration.</i>					19a. NO		19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR P.O. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON	
1. ATTENDED THE DECEASED FROM		21a. Apr. 3, '68		21b. TO Apr. 5, '68		21c. Apr 5, '68	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		21d.		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21e.		21f.		21g.		21h.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
22a. D. E. SKLENAR M.D.		22b. <i>D. E. Sklenar MD</i>		22c. APR 9 1968		22d. APR 9 1968	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE		ZIP	
23a. 228 ILLINOIS AVENUE		23b. SAINT JOSEPH,		23c. MISSOURI		23d. 64504	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. King Hill Cemetery		24c. St. Joseph,		24d. Missouri	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP)					
24e. April 8, 1968		24f. Rupp Funeral Home, 6054 ryor Ave, St. Joseph, Mo					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. <i>John Rupp</i>		25b. <i>Ray Valentine</i>		25c. April 15 1968			

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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,
on ~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John E. Rupp
Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.