No. 300
10-48

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 382

BIRTH NO. 48-69528 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 37

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lucy Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Duck Creek
d. STREET ADDRESS (If rural, give location): Mingo, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Brenda b. (Middle) Sue c. (Last) Julius

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Oct. 15 1948
9. AGE (In years last birthday): If under 1 year: Months 3, Days 8; If under 24 hrs.: Hours, Min.

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): Mo.
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Albert F ~~Julian~~ Julius
13b. MOTHER'S MAIDEN NAME: Fay Baker
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: Mrs Albert ~~Julian~~ Julius
ADDRESS: Mingo Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute respiratory infection — 8 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4 9 1 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1949 *to* Jan. 23, 1949, *that I last saw the deceased alive on* Jan 23, 1949, *and that death occurred at* 5 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Kneibert M.D.
23b. ADDRESS: Poplar Bluff, Mo
23c. DATE SIGNED: 1/25/1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 24. 1949
24c. NAME OF CEMETERY OR CREMATORY: Rock Hill Cemetery
24d. LOCATION (City, town, or county) (State): Stoddard Co. Mo Mo

DATE REC'D BY LOCAL REG.: 1-26-49
REGISTRAR'S SIGNATURE: R H Mueller 35
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Morgan
ADDRESS: Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 149-16
Date Filed 1-31-

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 Ira E Meadows Student Embalmer No. 250 working under my personal supervision.

Student Ira E Meadows
Student Embalmer

Signed Lloyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Adrain 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.