

FILED JAN 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 383
Registrar's No. 5

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. 383		Registrar's No. 5										
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler														
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff														
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff, Hospital				d. STREET ADDRESS (If rural, give location) Route 1														
3. NAME OF DECEASED (Type or Print) Blonde Brunette Kearbey			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1 1 49						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9/20/1880			9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 60 MIN. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.						
13a. FATHER'S NAME Wm. Burkeen				13b. MOTHER'S MAIDEN NAME Esther Crunk				14. NAME OF HUSBAND OR WIFE John W. Kearbey										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME John Kearbey				ADDRESS Route 1 P. B. 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic c/Heart Block ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 422								INTERVAL BETWEEN ONSET AND DEATH						
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
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 June 15, 1948, to Jan 1, 1949, that I last saw the deceased alive on Jan 1, 1949, and that death occurred at 2:45 p.m., from the causes and on the date stated above.																		
23a. SIGNATURE (Degree or title) Frank E. Dwell M.D.						23b. ADDRESS Poplar Bluff, Mo				23c. DATE SIGNED 1/6/49								
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 1/3/49		24c. NAME OF CEMETERY OR CREMATORY Sparkman				24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.								
DATE RECD BY LOCAL REG. 1/6/49				REGISTRAR'S SIGNATURE B. H. Minette				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GREEN, Gray & Fitch Poplar Bluff Mo										

RECEIVED

District Health Office No.

District File Number 1049-1

Date Filed 1-10

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 _____

Russell A. Vaughn

Student Embalmer No. 233

working under my personal supervision.

Signed

Russell A. Vaughn
Student Embalmer

Signed

Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.