No. 300
10.48

FILED JAN 12 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

410

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 4

12
3

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff Route # 2
c. LENGTH OF STAY (in this place): 39 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 2 Poplar Bluff Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 2 Poplar Bluff
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): F
c. (Last): Harper

4. DATE OF DEATH (Month) (Day) (Year): Jan 5 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 3, 1861
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 11, Days 2 — IF UNDER 11 HRS.: 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: Home
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: John Presson
13b. MOTHER'S MAIDEN NAME: Unknown Greer
14. NAME OF HUSBAND OR WIFE: Robert Harper

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 ADDRESS: Dessie Rudolph Poplar Bluff, 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) ~~Cardiac~~ Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac failure 4
DUE TO (c) Broken hip and 78 2

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Broken Hip 6 mo prev
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? 0

22. *I hereby certify that I attended the deceased from* 6-1-, 1948, *to* 1-5, 1949, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 5a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 1-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/6/49
24c. NAME OF CEMETERY OR CREMATORY: Black Creek
24d. LOCATION (City, town, or county) (State): Butler Co. Mo.

DATE REC'D BY LOCAL REG.: 1/6/49
REGISTRAR'S SIGNATURE: R H Minetree 32
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Greer Croy & Fitch, Poplar Bluff, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 149-41
Date Filed 1-10-49

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.