

No. 300
10-48

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4145
Registrar's No. 69

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff	
c. LENGTH OF STAY (In this place) 5 Mo		d. STREET ADDRESS (If rural, give location) 1109 Alice Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1109 Alice St			
3. NAME OF DECEASED a. (First) Larry		b. (Middle) Jr.	
c. (Last) Gladden		4. DATE OF DEATH (Month) (Day) (Year) 2-23-1949	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ()	8. DATE OF BIRTH 9-8-1948
9. AGE (In years last birthday) 5		10. AGE (In years last birthday) if UNDER 1 YEAR 15	
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) Poplar Bluff Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Pearlie Mae Gladden	
14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Pearl Smith	
(If yes, give war or dates of service)		ADDRESS 1107 Alice Poplar Bluff	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - (Lobar)		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) L		
	DUE TO (c) L		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1190X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION L	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) Poplar Bluff Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR L

22. I hereby certify that I attended the deceased from **2-23**, 19**49**, to **2-23**, 19**49**, that I last saw the deceased alive on **2-23**, 19**49** and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. H. H. M.D.		23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 2/24/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-25-1949	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo	
DATE REC'D BY LOCAL REG 2/25/49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Rev. J. B. Ross		
ADDRESS 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.

District File Number 249-30

Date Filed 2-28-

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Wallace N. Fitch

Signed _____
Student Embalmer

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.