

S. No. 300  
V. No. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7528

State File No. ....

FILED MAR 18 1949

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>91</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		7			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp. 12</u>				d. STREET ADDRESS (If rural, give location) <u>945 Lester St. 3</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u>		b. (Middle) _____		c. (Last) <u>Budd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 7 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 28, 1887</u>			
9. AGE (In years last birthday) <u>61</u>		10. UNDER 1 YEAR (Months) (Days) <u>11 9</u>		11. UNDER 15 HRS. (Hours) (Min.) _____		9. AGE (In years last birthday) <u>61</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor Sale &amp; Repair</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bozoy, Ill</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Henry Budd</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Marlman</u>			
14. NAME OF HUSBAND OR WIFE <u>Gertrude Budd</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gertrude Budd - Poplar Bluff, Mo.</u>				17. ADDRESS <u>Poplar Bluff, Mo.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hemorrhage left temporal</u> ANTECEDENT CAUSES <u>and frontal area. Also to Accidental blow on left side of head.</u> DUE TO (b) _____ DUE TO (c) <u>Fall in house</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3.0</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>3.0</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Poplar Bluff Butler Mo.</u>		21d. TIME OF INJURY <u>2 Mar 49 9A</u>			
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck head on stove. Fell from standing in chair.</u>							
22. I hereby certify that I attended the deceased from <u>2 Mar, 1949</u> , to <u>7 Mar, 1949</u> , that I last saw the deceased alive on <u>6 Mar, 1949</u> , and that death occurred at <u>6:45 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. B. Crookman, M.D.</u>				23b. ADDRESS <u>321 Oak, Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>11 Mar 49</u>			
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo</u>			
DATE REC'D BY LOCAL REG. <u>3/11/49</u>		REGISTRAR'S SIGNATURE <u>W. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank - Cottrell</u>		ADDRESS <u>Poplar Bluff, Mo.</u>			

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

MAR 15 REC'D

Bentley Co Health Center

No 344-16

MAR 18 1949

**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 \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.