

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 21 1949 STANDARD CERTIFICATE OF DEATH

State File No. **11645**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 131					
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 Mo.		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		d. STREET ADDRESS (If rural, give location) 204 S. Woodrow					
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 S. Woodrow St.				d. STREET ADDRESS (If rural, give location) 204 S. Woodrow							
3. NAME OF DECEASED (Type or Print) Bartha Mo/Gee			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) April 7 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4/7/1883			
9. AGE (In years last birthday) 66		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Butler County, Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Levi Warren			13b. MOTHER'S MAIDEN NAME Maggie Turner			14. NAME OF HUSBAND OR WIFE Charles Mo/Gee					
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 Ray Mo/Gee			ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		DUE TO (b) Arterio Sclerosis									
		DUE TO (c)									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X									
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)		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 4 , 19 49 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00A.M. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) George W. Price, Coroner				23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 4/9-49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/9/49		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo.					
DATE/REC'D BY LOCAL REG. 4/14/49		REGISTRAR'S SIGNATURE R. H. Annettes			25. FUNERAL DIRECTOR'S SIGNATURE Frank Catell		ADDRESS Poplar Bluff, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

12
7
3

APR 18 REC'D

BUTLER COUNTY HEALTH CENTER
PCPI 10

449-59

4118149

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 _____

John M. Davies

Signed _____
Student Embalmer

Licensed Embalmer No. 4620

P. O. Address Dople 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.