

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14999

State File No. _____

 BIRTH NO. 6275-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 197

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) 0	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff Mo.		7 3
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			d. STREET ADDRESS (If rural, give location) 511 Cherry St. 811		

3. NAME OF DECEASED (Type or Print) a. (First) Doyle b. (Middle) Lee c. (Last) Chatman			4. DATE OF DEATH (Month) (Day) (Year) June 1, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH February 15, 1949	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 3 Days 15	IF UNDER 6 HRS. Hours Min.
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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?	
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13a. FATHER'S NAME Marvin Chatman		13b. MOTHER'S MAIDEN NAME Thelma Malone		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Marvin Chatman		ADDRESS Poplar Bluff Mo.	
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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* Bronchial pneumonia				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) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				491X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from June 1, 1949, to June 1, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Hardin Olshewickson		(Degree or title) M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED June 2, 1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo.	
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DATE REC'D BY LOCAL REG. June 3 1949		REGISTRAR'S SIGNATURE Wm. H. Johnson by Charles Johnson		428		25. FUNERAL DIRECTOR'S SIGNATURE Frank Cottrell		ADDRESS Poplar Bluff, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

12
7
3No. 300
10-48

JUN 7 1949 REC'D

BUTLER COUNTY HEALTH CENTER

SPRINGFIELD, MISSOURI

This infant was admitted to the
Hospital @ 1:15 pm June 1, 1949 and expired
2:30 pm June 1, 1949

649-123
6-7-49

Hardy O. Henriksen M.D.

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 *Ernest W. Greer*

Signed _____
Student Embalmer

Licensed Embalmer No. *2964*

P. O. Address *Springfield, 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.