

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15025

BIRTH NO. 27128-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 175

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Mo. Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Mo. 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1211 Cole Ave. 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>JACKIE LYNN</u> c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1949</u>
---	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>D W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 8 1949</u>	9. AGE (In years last birthday) UNDER 1 YEAR Months Days <u>1 30</u>
-----------------	-----------------------------	---	------------------------------------	--

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) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Harvey Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Haynes</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

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 <u>Harvey Smith - Poplar Bluff, Mo.</u>	ADDRESS
--	-------------------------	---	---------

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) <u>Premature birth</u>		
	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.		<u>776X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 5-8, 1949, to 5-8, 1949, that I last saw the deceased alive on 5-8, 1949, and that death occurred at 2:35 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Teuricson M.D.</u> (Degree or title)	23b. ADDRESS <u>Poplar Bluff Mo.</u>	23c. DATE SIGNED <u>5-11-49</u>
--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/8/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Military Crossings Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>May 12, 1949</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	4208	FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cottrill</u>	ADDRESS <u>Poplar Bluff Mo.</u>
--	---	------	--	---------------------------------

MAY 16 REC'D

BUTLER COUNTY HEALTH CENTER

549-101

5-16-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed John M. Lewis

Licensed Embalmer No. 4620

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.