

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18739

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 241

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>Linn</u>	
b. CITY OR TOWN <u>Poplar Bluff</u> c. LENGTH OF STAY (in this place) <u>30 min</u>		c. CITY OR TOWN <u>Bragg City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 2</u>	
3. NAME OF DECEASED (Type or Print) <u>Brenda</u>		a. (First) <u>Brenda</u>	b. (Middle) <u>Harness</u>
c. (Last) <u>Harness</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>( )</u>	8. DATE OF BIRTH <u>Jan 31, 1946</u>
9. AGE (years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>	IF UNDER 1 HR. Hours <u>3</u> Min. <u>3</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>Alma, Ark</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Harness</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Mae Swafford</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Harness</u>		ADDRESS <u>Bragg City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute colitis</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.	
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)		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 <u>6-29-49</u> , 19 <u>49</u> , to <u>6-29</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph Bins, M.D.</u>		23b. ADDRESS <u>Widow, Mo.</u>	
23c. DATE SIGNED <u>6/30/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-30-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 5, 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lutz Service Kennett, Mo.</u>		ADDRESS	

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

12  
7  
3

17

JUL 11 REC'D

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

749-171

STATEMENT BY LICENSED EMBALMER

*Not Embalmed*

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.....

Signed.....  
Student Embalmer

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.