

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18741

State File No.

BIRTH NO. 12822-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff <u>U</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty)	
		d. STREET ADDRESS (If rural, give location) Bernie, R.F.D. #1	
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Melba Louise Hill			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH March 23, 1949
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
3			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.
			12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Howard R. Hill		13b. MOTHER'S MAIDEN NAME Virginia Williams	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) no		16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard R. Hill, Bernie, Mo. R. 1.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebro-Spinal Meningitis, Subacute INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
*Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.			
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) m.	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>June 6, 1949</u> , to <u>July 1, 1949</u> , that I last saw the deceased alive on <u>July 1, 1949</u> , and that death occurred at <u>10:45 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE J. W. Tronda, D. M.D.		23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 7-7-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-2-49	24c. NAME OF CEMETERY OR CREMATORY Dexter	24d. LOCATION (City, town, or county) (State) Dexter, Mo.
DATE REC'D BY LOCAL REG. July 7, 1949	REGISTRAR'S SIGNATURE Wm. L. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.

(Licensed Embellisher's Statement on Reverse Side)

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

No. 300
10-48

JUL 11 REC'D
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

749-169

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.

Student 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.

Body not Embalmed