

FILED AUG 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22683

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 3007		Registrar's No. 2921	
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		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		12	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital				d. STREET ADDRESS Rt. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Edwin c. (Last) Cole Jr			4. DATE OF DEATH (Month) (Day) (Year) 7/27/49				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 3/12/49		9. AGE (In years last birthday) 4	10' UNDER 1 YEAR Months 15	11' UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.		12. COUNTRY OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles E. Cole			13b. MOTHER'S MAIDEN NAME Nevada Wells		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Charles Cole 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>gangrene</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>volvulus of small intestine</i> DUE TO (c) <i>causing complete bowel obstruction</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>obstruction</i>						INTERVAL BETWEEN ONSET AND DEATH 5703
19a. DATE OF OPERATION 26 July 49	19b. MAJOR FINDINGS OF OPERATION <i>volvulus with gangrene at base</i>						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) (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 26 July, 1949, to 27 July 1949, that I last saw the deceased alive on 27 July, 1949, and that death occurred at 11:40 a.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Cornel A. Post</i> MD			23b. ADDRESS Poplar Bluff, Mo.			23c. DATE SIGNED 30 Aug 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/28/49	24c. NAME OF CEMETERY OR CREMATORY Sparkman		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.			
DATE REC'D BY LOCAL REG. Aug 6, 1949	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>		428		25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch Poplar Bluff Mo.		

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 REC

849-223

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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
Student Embalmer

Signed Wallace N Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.