

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22689

| | | | | | | | | |
|--|--|---|--|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | Registrar's No. <u>293</u> | | |
| 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</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | 1 2 7 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>965 Lester</u> | | | | d. STREET ADDRESS (If rural, give location) <u>965 Lester St.</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <u>Mary</u> | | | b. (Middle) <u>Josephine</u> | | |
| | | | c. (Last) <u>Duitman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1949</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>April 2, 1870</u> | | |
| | | | | | | 9. AGE (In years last birthday) Months Days <u>79</u> <u>3</u> <u>22</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Waco, Texas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Louis B. Partin</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Quarls</u> | | | 14. NAME OF HUSBAND OR WIFE <u>George M. P</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elizabeth Coulter Poplar B</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis, general</u> | | | | | <u>2 weeks</u> | |
| | | ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | | |
| | | DUE TO (b) <u>Dementia, Progressive</u> | | | | | <u>1 year</u> | |
| | | DUE TO (c) | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | <u>352X</u> | |
| 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) (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 <u>Mar</u> , 19 <u>49</u> , to <u>July 24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 23</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>J. W. Florida</u> | | | | (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | 23c. DATE SIGNED <u>7-25-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>7/26/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Aug 6, 1949</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | | 428 25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy & Ritch</u> | | ADDRESS <u>Poplar Bluff Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 8 RECD

849-222

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 comply with the above constitutes grounds for revocation of license.)

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