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BIRTH NO. 46138-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 281

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>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>	
c. LENGTH OF STAY (in this place) <u>12 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 B</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp. (I)</u>			
3. NAME OF DECEASED a. (First) <u>Caroline</u>		b. (Middle)	
c. (Last) <u>Waggoner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>July 31, 1949</u>
9. AGE (In years last birthday) <u>12</u>		10. MONTHS <u>12</u>	
11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Waggoner</u>		13b. MOTHER'S MAIDEN NAME <u>Velvie Sawgell</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) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Waggoner</u>		ADDRESS <u>—</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Breacher Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Premature separation of placenta</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11%</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED	
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) <u>Poplar Bluff, Mo</u> (STATE) <u>Mo</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank C. Duell, M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo</u>	
23c. DATE SIGNED <u>7-23-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo</u>
DATE REC'D BY LOCAL REG. <u>July 23, 1949</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cottrell</u> ADDRESS <u>Poplar Bluff, Mo</u>

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BUTLER COUNTY HEALTH CENTER

849-213

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 _____

working under my personal supervision.

Student
Student Embalmer

not
Signed *Scott A. Bennett*

Student/Embalmer No. _____

Licensed Embalmer No. 3567

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.