

No. 300
10.48

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22708

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

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5147 Registrar's No. 269

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 2 miles N. on Black River		c. LENGTH OF STAY (in this place) 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION Black River		d. STREET ADDRESS (If rural, give location) 100 Spruce St.	
3. NAME OF DECEASED (Type or Print) a. (First) Freddie b. (Middle) Doyle c. (Last) Chronister			4. DATE OF DEATH (Month) (Day) (Year) July 12, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 21, 1935
9. AGE (In years last birthday) 14		IF UNDER 1 YEAR Months 5 Days 21	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Chronister	
13b. MOTHER'S MAIDEN NAME May Glenn		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 Frank Chronister		ADDRESS Poplar Bluff, Mo.	
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) Asphyxiation ANTECEDENT CAUSES drowning while swimming 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. 42	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		89298	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Black River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Butler County, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 12, 1949	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 12	
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 2:30 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Howard Lee Cronner		23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 7/13/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 15, 49	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
DATE REC'D BY LOCAL REG. July 18, 1949	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Frank Botwell
ADDRESS Poplar Bluff, Mo.		ADDRESS Poplar Bluff, Mo.	

JUL 25 REC'D

BUTLER COUNTY HEALTH CENTER
POPLAR BLVD, MISSOURI

749-199

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.

Signed _____

John M. Davies

Signed _____

Student Embalmer

Licensed Embalmer No. 4620

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.