

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26219

State File No. \_\_\_\_\_

FILED SEP 15 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL LIBERTY TOWNSHIP</b>	
c. LENGTH OF STAY (in this place) <b>5 WEEKS</b>		d. STREET ADDRESS (If rural, give location) <b>7 Miles West of Bernie, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>POPLAR BLUFF HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HELEN</b>	b. (Middle) <b>FLORA</b>	c. (Last) <b>KILLIAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 26 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 15 1904</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>DUNKLIN COUNTY MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>MARTON PIPPINS</b>	13b. MOTHER'S MAIDEN NAME <b>HETTIE KNIGHT</b>	14. NAME OF HUSBAND OR WIFE <b>OTIS KILLIAN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>RUTH NAOMI KILLIAN</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic interstitial Nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-27, 1949 to 8-26, 1949, that I last saw the deceased alive on 8-26, 1949 and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)	23b. ADDRESS <i>[Address]</i>	23c. DATE SIGNED <b>8-30-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8/29/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BERNIE CEMETARY</b>	24d. LOCATION (city, town, or county) (State) <b>BERNIE, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>Sept 7, 1949</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	428	25. GENERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>BERNIE, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12  
7  
3

SEP 12 REC

949-265-

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 *J. G. Schumann*

Licensed Embalmer No. *4086*

P. O. Address *Malden 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.