

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26222**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **2007** Registrar's No. **298**

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b> c. LENGTH OF STAY (in this place) <b>2 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1409 St. Ange</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sorry Eugene</b> b. (Middle) <b>Movedu</b> c. (Last) <b>Movedu</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 12, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Dec. 22, 1942</b>
9. AGE (In years if under 1 year last birthday) <b>6</b> Months <b>7</b> Days <b>20</b> Hours <b></b> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Hayward Movedu</b>		13b. MOTHER'S MAIDEN NAME <b>Luetta Aller</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Luetta Movedu</b> ADDRESS <b>1409 St. Ange St. Louis, Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bacteremia probably meningococci</b> 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs</b>	
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 <b>8/12</b> , 19 <b>49</b> , to <b>8/12</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>8/12</b> , 19 <b>49</b> , and that death occurred at <b>4:5 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Arthur C. Parker, M.D.</b>		23b. ADDRESS <b>Kenneth Clinic Poplar Bluff</b>	23c. DATE SIGNED <b>8/13/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 15, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gregory Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kennett, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Aug 13 1949</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louisa Funeral Home Campbell, Mo.</b> ADDRESS	

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

AUG 15 1960

549-230

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

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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 Christina M. Landers

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.