

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29421**

**FILED OCT 1 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 342

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>Dunklin 25</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>7 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Cotton Hill</b>		0 D
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital #1</b>			d. STREET ADDRESS (If rural, give location) <b>Air Base</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alvin</b> b. (Middle) <b>Doyle</b> c. (Last) <b>Thorn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>august 22 1949</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child 4</b>	8. DATE OF BIRTH <b>August 5, 1941</b>	9. AGE (in years last birthday) <b>8</b>	IF UNDER 1 YEAR Months <b>8</b> Days	IF UNDER 12 HRS Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>A. D. Doyle</b>		13b. MOTHER'S MAIDEN NAME <b>Evelyn Nelson</b>		14. NAME OF HUSBAND OR WIFE <b>None</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)	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Evelyn Thorn</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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diphtheria</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.				055-X

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) (Min)	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 August 18, 1949, to August 22, 1949 that I last saw the deceased alive on August 23, 1949, and that death occurred at 1:15 PM, from the causes and on the date stated above.

23a. SIGNATURE <b>Arthur C. Parke, M.D.</b> (Degree or title)		23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>9/15/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <b>Malden Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Malden Mo</b>		
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DATE REC'D BY LOCAL REG. <b>Sept 19, 1949</b>	REGISTRAR'S SIGNATURE <b>Wm H. Johnson</b> <b>428</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Way Funeral Home</b> ADDRESS <b>Malden, Mo</b>		
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(Licensed Embalmer's Statement (on Reverse Side))

No. 300  
10.48  
127  
3  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 26 RECD

949-298

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.....  
Student Embalmer

Signed

*J. W. Schuman*

Licensed Embalmer No. 4086

P. O. Address Malden

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.