

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33150**

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

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 399

| | | | |
|---|-------------------------------|---|---|
| 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) OR TOWN <u>Poplar Bluff, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>312 North C. St.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD</u> b. (Middle) <u>CHESTER</u> c. (Last) <u>BOSTICK</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 1949</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 12, 1890</u> |
| 9. AGE (In years last birthday) <u>59</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw Filer</u> | 11. BIRTHPLACE (State or foreign country) <u>Hamilton, Ohio</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber mill</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mary Bostick</u> | | 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Bostick....</u> ADDRESS <u>Poplar Bluff, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> 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 checked="" type="checkbox"/> | | 21a. ACCIDENT (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) _____ | | 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 <u>10-17, 1949</u> , to <u>10-27, 1949</u> , that I last saw the deceased alive on <u>10-27, 1949</u> , and that death occurred at <u>6:10 P.M.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE _____ (Degree or title) | | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | |
| 23c. DATE SIGNED <u>10-29-49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>10/30/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank - Adrell</u> ADDRESS <u>Poplar Bluff, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov 1, 1949</u> | | REGISTRAR'S SIGNATURE <u>Wm H Johnson</u> ADDRESS _____ | |

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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

Scott A. Colnett

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.