

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33167**

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>400</u>		
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. LENGTH OF STAY (in this place) <u>50</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>700 North D. St.</u>				d. STREET ADDRESS (If rural, give location) <u>700 North D. St.</u>				
3. NAME OF DECEASED (Type or Print) <u>EULAR</u>			a. (First) <u>M.</u>		b. (Middle) <u>STEARMAN.</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>26,</u>		(Year) <u>1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 30, 1885</u>		
9. AGE (In years last birthday) <u>64</u>		if UNDER 1 YEAR		Days <u>2</u>		if UNDER 18 Hrs. Min. <u>20</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat cutter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Meat market</u>			11. BIRTHPLACE (State or foreign country) <u>Arlington, Ky.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Wm. Stearman</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Trevathan</u>			14. NAME OF HUSBAND OR WIFE <u>Eva.</u>		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Walter Murphy.... 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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) _____					INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>	
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 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:15P m.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>George W. Greer</u>			23b. ADDRESS <u>Coroner Poplar Bluff Mo</u>			23c. DATE SIGNED <u>10/28-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marble Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Butler County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 1-1949</u>		REGISTRAR'S SIGNATURE <u>Wm H Johnson</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Frank Estell</u>		ADDRESS <u>Poplar Bluff, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 8 7 1950  
149-396  
BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

MAY 5 1950

NOV 16 1950

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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.

Student .....  
Student Embalmer

Signed

*Scott A. Betts*

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.