No. 300
10-48

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

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40330

BIRTH NO. 78732-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 459

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1. PLACE OF DEATH
a. COUNTY: Butler 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff, Mo.
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malden, Mo. 35 3
d. STREET ADDRESS (If rural, give location): 1 1

3. NAME OF DECEASED (Type or Print)
a. (First): JANET
b. (Middle): KAY
c. (Last): LAUER

4. DATE OF DEATH (Month) (Day) (Year): DEC 9 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 9 Dec 49
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months —, Days —
IF UNDER 24 HRS.: Hours 10, Min. 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): POPLAR BLUFF, MO.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JOHN FREDERICK LAUER
13b. MOTHER'S MAIDEN NAME: ARLEEN I DA FRENZEL
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: John Frederick Lauer
ADDRESS: Malden, Mo

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) Intra-Cranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Birth

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 — 7210

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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 12:15 am 9 Dec, 1949, *to* 10:45 am 9 Dec 1949, *that I last saw the deceased alive on* 9 Dec, 1949, *and that death occurred at* 10:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles L Williams
(Degree or title): M.D.
23b. ADDRESS: Malden Missouri
23c. DATE SIGNED: 9 DEC 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-10-49
24c. NAME OF CEMETERY OR CREMATORY: Pennyville Cemetery
24d. LOCATION (City, town, or county) (State): Pennyville, Mo.

DATE REC'D BY LOCAL REG.: Dec 12 1949
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE: Day Funeral Home
ADDRESS: Malden, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 REC'D

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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.

Signed ..... Student Embalmer

Signed J. E. Schumm

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.