No. 300
10-48

FILED JAN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40342

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. ~~3007~~ 5143 Registrar's No. 482

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

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

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

3. NAME OF DECEASED (Type or Print): a. (First) MATTIE b. (Middle) LESLIE c. (Last) CHILES

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 11, 1854

9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months 11 Days 15 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Memphis, Tenn

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John Graham

13b. MOTHER'S MAIDEN NAME: Jennie Ayers

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: Mrs. J. D. Hitchcock ... ADDRESS: Poplar Bluff, 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) Myocarditis, chronic.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hemorrhage from rectum

Cause not determined

INTERVAL BETWEEN ONSET AND DEATH: 4221

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* Nov., 1946 *to* 26 Dec, 1949, *that I last saw the deceased alive on* 24 Dec, 1949, *and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cyril A. Rost M.D.O.

23b. ADDRESS: Poplar Bluff, Mo.

23c. DATE SIGNED: 28 Dec 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12/27/49

24c. NAME OF CEMETERY OR CREMATORY: Rose Lawn Memorial

24d. LOCATION (City, town, or county) (State): Little Rock, Ark.

DATE REC'D BY LOCAL REG.: Dec 29-1949

REGISTRAR'S SIGNATURE: Wm. H. Johnson 428

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: FRANK-COTRELL ..... Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 3 REC'D
150-3
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 George A. Kirby

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.