

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 355

BIRTH NO. 79448-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Butler County		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo. b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Harris	
c. LENGTH OF STAY (in this place) 2 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION Foplar Bluff Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) c. (Last) High, Jr.			4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Dec. 14, 1930	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Malden, Mass		12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Arthur High	13b. MOTHER'S MAIDEN NAME Bessie Cornelson	14. NAME OF HUSBAND OR WIFE XXXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Arthur High	ADDRESS Fairdealing, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 7/20
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) malnutrition		
	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 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)	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 January 11, 1950, to January 12, 1950, that I last saw the deceased alive on January 11, 1950, and that death occurred at 6:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Helen Obernickson, M.D.	23b. ADDRESS Foplar Bluff, Mo.	23c. DATE SIGNED 1/13/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 14, -50	24c. NAME OF CEMETERY OR CREMATORY Fairdealing	24d. LOCATION (City, town, or county) (State) Fairdealing, Mo.
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DATE REC'D BY LOCAL REG. Jan 23, 1950	REGISTRAR'S SIGNATURE Wm H Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home	ADDRESS Naylor, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0330 I C NVP
750-61

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 *Raymond McLeod*
Licensed Embalmer No. *4079*

P. O. Address *Waynes, 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.