

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **361**

0123  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Butler</b>		b. CITY (If outside corporate limits, write RURAL and give town) <b>Poplar Bluff</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Stoddard</b>	
c. LENGTH OF STAY (In this place) <b>7 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Dexter</b>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Daisy</b>		b. (Middle) <b>Alice</b>		c. (Last) <b>Metcalf</b>	
4. DATE OF DEATH		(Month) (Day) (Year)		<b>Jan. 3, 1950</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Nov. 3, 1879</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>		11. BIRTHPLACE (State or foreign country) <b>Unknown 9</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ellis Creason</b>		13b. MOTHER'S MAIDEN NAME <b>Melvina L. Levering</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Frank McFarlin Dexter, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>				<b>443X</b>	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Hypertensive heart disease</b></p> <p>DUE TO (c)</p>					
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 <u>1-1</u> , 19 <u>50</u> , to <u>1-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>50</u> and that death occurred at <u>10:24 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Frank E. Dielli, M.D.</b>				23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>1-9-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-5-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hagy Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo. North</b>	
DATE REC'D BY LOCAL REG. <b>Jan 10 - 1950</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Funeral Ser. Dexter, Mo.</b>	

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

150-32  
JAN 16 REC'D

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 \_\_\_\_\_

*Raymond L. Huffie*

Student Embalmer No. *361*

working under my personal supervision.

Student *Raymond L. Huffie*  
Student Embalmer

Signed *Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.