

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **366**

FILED FEB 2 1950

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff)		c. LENGTH OF STAY (If in place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		d. STREET ADDRESS (If rural, give location) South 11th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital				4. DATE OF DEATH (Month) (Day) (Year) Jan 18, 1950			
3. NAME OF DECEASED a. (First) Orville b. (Middle) Chester c. (Last) Prince			5. SEX Male				
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Sept. 16, 1919		9. AGE (In years, months, days) 30 4 Months 2 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam Prince		13b. MOTHER'S MAIDEN NAME Myrtle McCasland		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 431-70-9653		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Wirght, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gun shot wound Right Chest DUE TO (c) and in Lower intestines II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH E981X
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide Beer Tavern		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Beer Tavern		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff Butler Mo.		21f. HOW DID INJURY OCCUR? by the discharge of a 38 Revolver	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 17-50 1230 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Ernest Wheeler (Degree or title) Coroner			23b. ADDRESS Poplar Bluff, Mo.			23c. DATE SIGNED 1/29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 1/19/50		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. Jan 21-1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ernest Croy & Fitch Poplar Bluff, Mo.			

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

JAN 31 REC'D
150-56
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 Wallace N. Fitch

Licensed Embalmer No. 3859

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.