

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

367

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town or township) Poplar Bluff		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Rural.....P.B. Twp.R.6		/			
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.				d. STREET ADDRESS (If rural, give location) Poplar Bluff Rural.					
3. NAME OF DECEASED (Type or Print) a. (First) ETHEL		b. (Middle) MADDUX		c. (Last) RISBY.		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 18, 1874			
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 3 Days 20		IF UNDER 24 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Hoem			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Carlyle, Illinois /			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME Joseph F. Maddux		13b. MOTHER'S MAIDEN NAME Sally Watts		14. NAME OF HUSBAND OR WIFE Jas. E. Risby.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Jas. E. Risby...				ADDRESS R. 6, Poplar Bluff, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia bilateral		ANTECEDENT CAUSES						1 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Accute nephritis						1 week	
		DUE TO (c) Arterial hypertension						???	
II. OTHER SIGNIFICANT CONDITIONS		Hypertensive heart disease						442X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none						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) _____		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 1-3-50 , 19____, to 1-8-50 , 19____, that I last saw the deceased alive on 1-8-50 , 19____, and that death occurred at 11:00 P.M. from the causes and on the date stated above.									
23a. SIGNATURE Hunter Harwell, M.D.				(Degree or title)		23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED 1-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-50		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.			
DATE REC'D BY LOCAL REG. Jan 13 1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		428		25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL...			
						ADDRESS Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

P.B. Hosp.
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

150-22

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

George A. Kerby

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 with the above constitutes grounds for revocation of license.)

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