

S. No. 300
v. 10-48

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 390

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 18

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 township) OR TOWN Rural Poplar Bluff Twp		c. LENGTH OF STAY (in this place) five	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		d. STREET ADDRESS (If rural, give location) Poplar Bluff Rt. 2
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Rt. 2					

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin		b. (Middle) Harrison		c. (Last) Loucks		4. DATE OF DEATH (Month) (Day) (Year) Jan 3 1950	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 15, 1896		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 18	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Greenville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Jim Loucks		13b. MOTHER'S MAIDEN NAME Belle Payne		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Nelle Yearry, Hilliard. Mo.				ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 416X	
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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 3 Jan 1950 to 3 Jan 1950 that I last saw the deceased alive on 3 Jan 1950, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE Cyril A. Post MD		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 7 Jan 50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/6/50		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
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DATE REC'D BY LOCAL REG. Jan 12 - 1950		REGISTRAR'S SIGNATURE Wm. H. Johnson 428		25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch Poplar Bluff Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

0120

Post

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

150-27
JAN 16 RECD

JAN 27 RECD

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 Philip J. Casserly

Licensed Embalmer No. 4678

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.