

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2810

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 124

| | | | |
|---|---|---|---|
| 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 Poplar Bluff | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | 0123 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp. | | d. STREET ADDRESS (If rural, give location) Poplar Bluff..715 Vine St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LOU b. (Middle) BEDFORD c. (Last) ADAMS | | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 12, 1950 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Feb. 23, 1863 |
| 9. AGE (In years last birthday) 87 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | 11. BIRTHPLACE (State or foreign country) Charleston, Mo. |
| 13a. FATHER'S NAME Ben Adams | | 13b. MOTHER'S MAIDEN NAME Mary Bedford | 14. NAME OF HUSBAND OR WIFE |
| 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 ADDRESS Mrs. Bertha Green.... Poplar Bluff, Mo |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia, acute ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Large bowel obstruction DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Fracture, neck, left femur <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Senility & deformity of spine | INTERVAL BETWEEN ONSET AND DEATH 3 days. 4 days. E 9030 20 42 days. ??????? |
| 19a. DATE OF OPERATION 3 Feb. 1950 | 19b. MAJOR FINDINGS OF OPERATION Open reduction and fixation, fracture lt. hip | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No. | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) Poplar Bluff, 128 (COUNTY) Butler (STATE) Missouri. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 28, 1950 8PM | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Slipped on rug on floor of home. | |
| 22. I hereby certify that I attended the deceased from 31 Dec., 1950 , to 12 March, 1950 , that I last saw the deceased alive on 11 March 1950 , and that death occurred at 6:30A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. Lester Harwell (Degree or title) J. Lester Harwell, M.D. | | 23b. ADDRESS Poplar Bluff, Missouri | 23c. DATE SIGNED 16 March 1950. |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4 | 24b. DATE 3/14/50 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem. | 24d. LOCATION (City, town, or county) (State) Charleston, Mo. |
| DATE REC'D BY LOCAL REG. Mar 18-1950 | REGISTRAR'S SIGNATURE Wm. H. Johnson | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FRANK-COTRELL.... Poplar Bluff, Mo. | |

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

Dr. Lester Harwell

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BUTLER COUNTY HEALTH CENTER

POPLAR BLUFF, MISSOURI

350-127

MAR 20 1950

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.