

FILED MAR 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7847**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL # 43</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL # 43 0170</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Poplar Bluff Pt # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt # 2 Poplar Bluff Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANNIE</u> b. (Middle) <u>MIDDLETON</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3 23 50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-3-87</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>CHAS. MARSH</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
13c. NAME OF HUSBAND OR WIFE <u>LOUIE M. DOLETON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>LOUIE MIDDLETON</u>		ADDRESS <u>Rt # 2 Poplar Bluff Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General debility &amp; incontinence</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extensive carcinoma</u> <u>Primary site probably carcinoma</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>171X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Laparotomy performed Poplar Bluff Hosp</u>	
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 building, etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>15 Jan 1950</u> , to <u>85 Mar 1950</u> , that I last saw the deceased alive on <u>5 Mar 1950</u> and that death occurred at <u>3:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl A. Post</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Poplar Bluff Mo</u>	
23c. DATE SIGNED <u>24 Mar 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-26-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo</u>	
DATE REC'D BY LOCAL REG. <u>March 24, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Richard O. Craved</u>		ADDRESS <u>Conning Ark</u>	

(Licensed Embalmer's Statement on Reverse Side)

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

350-153

MAR 27 1950

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed Richard O. Ernest

Licensed Embalmer No. 782

P. O. Address Corsing, Ark

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.