

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12106
State File No.

BIRTH NO. 19792-50 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 194

0123
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Woodlan

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

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 Mo		0123	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			d. STREET ADDRESS (If rural, give location) 1018 Peach st			
3. NAME OF DECEASED (Type or Print) Bobby Eugene Cavness			a. (First)	b. (Middle)	c. (Last)	
4. DATE OF DEATH April 27, 1950			(Month)	(Day)	(Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 19, 1950		9. AGE (In years last birthday) 0 0 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poplar Bluff Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Esco Cavness		13b. MOTHER'S MAIDEN NAME Delsa Battles		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)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Esco Cavness 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 8 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (m.)		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>4-19, 1950</u> , to <u>4-27, 1950</u> , that I last saw the deceased alive on <u>4-26, 1950</u> , and that death occurred at <u>8:00 a. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE J. W. Florida M.D.			23b. ADDRESS Poplar Bluff Mo.		23c. DATE SIGNED 4-29-50.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/28, 50	24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo.		
DATE REC'D BY LOCAL REG. May 5-1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Frank Cotrell ADDRESS Poplar Bluff Mo.		

MAY 8 1950

550-206

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 in personal supervision.

Student
Student Embalmer

Signed *George W. Green*.....

Licensed Embalmer No. 2964

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.

Not embalmed