

FILED APR 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. **12112**

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 164					
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne							
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 Piedmont		1110					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital				d. STREET ADDRESS (If rural, give location) 1							
3. NAME OF DECEASED (Type or Print) Nellie Hutchison			a. (First)		b. (Middle)		c. (Last) Eads				
4. DATE OF DEATH March 31, 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 26, 1872		9. AGE (in years last birthday) 77		IF UNDER 1 YEAR: 5 Months 5 Days		IF UNDER 24 HRS. 5 Hours	
5. SEX Female			6. COLOR OR RACE White			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME James H Hutchison			13b. MOTHER'S MAIDEN NAME Frances Thompson			14. NAME OF HUSBAND OR WIFE Spencer Eads					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Mrs. Peggy Fears			ADDRESS Piedmont, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis 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 4 days 10 days 25 IX	
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)		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 2-15, 1950 , to 3-31, 1950 that I last saw the deceased alive on 3-31, 1950 and that death occurred at 4:45 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Wm. H. Johnson M.D.				23b. ADDRESS Poplar Bluff Mo				23c. DATE SIGNED 4/13/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 3, 1950		24c. NAME OF CEMETERY OR CREMATORY Mill Spring			24d. LOCATION (City, town, or county) (State) Mill Spring, Missouri				
DATE REC'D BY LOCAL REG. April 14-1950		REGISTRAR'S SIGNATURE Wm. H. Johnson 428			25. FUNERAL DIRECTOR'S SIGNATURE William Coder			ADDRESS Piedmont, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

123
0

APR 17 1950

450-180

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 _____

.....
CODER FUNERAL HOME

..... Student Embalmer No.

working under my personal supervision.

Signed _____

William Coder

Signed
Student Embalmer

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

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.