

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1950

BIRTH NO. **39523-50** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **309**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived; If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>	
c. LENGTH OF STAY (In this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>727 Price St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Jeanette</b> b. (Middle) <b>White</b> c. (Last) <b>White</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7/24/50</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>7/22/50</b>		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <b>2</b> Days <b>0</b>	
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) <b>Poplar Bluff, Mo.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Lester White</b>		13b. MOTHER'S MAIDEN NAME <b>Coaleen VanDyke</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lester White</b>	
				ADDRESS <b>Poplar Bluff, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Prematurity</b>			<b>2 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.					<b>76.25</b>	

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 **7-22, 1950**, to **7-24, 1950**, that I last saw the deceased alive on **7-24, 1950**, and that death occurred at **11:55 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank E. Dineeli</b> MD (Degree or title)		23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>8-3-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/24/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodalwn</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Aug 4-1950</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Greer Croy &amp; Fitch</b>		ADDRESS <b>Poplar Bluff Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 9 1950

BUTLER CO. HEALTH CENTER

FILE No. 850-331

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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.....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed NOT EMBALMED.....

Licensed Embalmer No.....

P. O. Address.....

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.