

No. 300
10.48

FILED AUG 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26155

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff 0123	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brandon Hospt.		d. STREET ADDRESS (If rural, give location) 528 Cherry St. 0	

3. NAME OF DECEASED (Type or Print) a. (First) ESTER b. (Middle) FLORENCE c. (Last) HARDEN			4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1950		
5. SEX Fem. /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	
8. DATE OF BIRTH May 17, 1884		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Days 24	
11. BIRTHPLACE (State or foreign country) Oblong, Ill. /		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Nicholas J. Robinson		13b. MOTHER'S MAIDEN NAME Martha Harris		14. NAME OF HUSBAND OR WIFE Otis Harden	
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 Otis Harden	
				ADDRESS P. Poplar Bluff, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			1 day
		ANTECEDENT CAUSES			3 years
		DUE TO (b) Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Poplar Bluff Butler Missouri	
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 July 31, 19 50, to August 11, 19 50, that I last saw the deceased alive on Aug. 11, 19 50, and that death occurred at 12 midnight, the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Johnson, M. D.		23b. ADDRESS BRANDON HOSPT. POPLAR BLUFF, MO.		23c. DATE SIGNED 8-15-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-14-50		24c. NAME OF CEMETERY OR CREMATORY City	
				24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	

DATE REC'D BY LOCAL REG. Aug 15-1950		REGISTRAR'S SIGNATURE W. H. Johnson		428	
		25. FUNERAL DIRECTOR'S SIGNATURE FRANK COTRELL		ADDRESS Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 21 1950

BUTLER CO. HEALTH CENTER

FILE No. 850-348

JAN 8 1951

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.

Signed Scott A. Coltrane

Signed.....
Student Embalmer

Licensed Embalmer No. 3567
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.