

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29572

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY OR TOWN <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Doniphan</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			
3. NAME OF DECEASED a. (First) <u>BEULAH</u> b. (Middle) <u>MAE</u> c. (Last) <u>PICKENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-6-1950</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-4-1911</u>
9. AGE (In years last birthday) <u>39</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George McElRath</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Pickens</u>	
13b. MOTHER'S MAIDEN NAME <u>Novella Glemmer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HERMAN PICKENS - Doniphan Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>ecclampsia</u>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ecclampsia</u> 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 <u>423</u>			
19a. DATE OF OPERATION <u>9-6-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cesarean section</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 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>9-4</u> , 19 <u>50</u> , to <u>9-6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-6</u> , 19 <u>50</u> , and that death occurred at <u>11:15 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Laurison M.D. Poplar Bluff Mo.</u>		23b. ADDRESS <u>Poplar Bluff Mo.</u>	
23c. DATE SIGNED <u>9-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mizell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 11, 1950</u>	REGISTRAR'S SIGNATURE <u>Wm. Johnson</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards - Doniphan, Mo.</u>

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

123

RECEIVED

SEP 19 1950

BUTLER CO. HEALTH CENTER

FILE No.

950-380

SEP 27 1950

SEP 21 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed Carl B. Bird.....

Licensed Embalmer No. 4306.....

P. O. Address Doniphan, 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.