

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32746

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 398

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff
c. LENGTH OF STAY (in this place) 2 years
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Butler
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Poplar Bluff Mo 64633
d. STREET ADDRESS (If rural, give location) Providence Community

3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) L c. (Last) Burnside 4. DATE OF DEATH (Month) (Day) (Year) 10 9 1950

5. SEX male 6. COLOR OR RACE ca 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH 6-17-1864 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 3 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Mississippi 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ellis Burnside 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE deceased

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 Georgia Henton Poplar Bluff Mo ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old age - Hypertension
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-11, 1950, to 10-6, 1950, that I last saw the deceased alive on 10-6, 1950, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE F. F. Priest D.O. (Degree or title) 23b. ADDRESS Poplar Bluff, Mo. 23c. DATE SIGNED 10-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) 7 24b. DATE 10-15-1950 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) White Hall Ark.

DATE REC'D BY LOCAL REG. Oct 10 1950 REGISTRAR'S SIGNATURE Wm. H. Johnson 428 FUNERAL DIRECTOR'S SIGNATURE Rufus B. Reed - Poplar Bluff, Mo. ADDRESS _____

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

RECEIVED

OCT 17 1950

BUTLER CO. HEALTH CENTER

FILE No. 1050-432

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

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.