

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 1 1950

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 443

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 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION DOCTORS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE TENN b. COUNTY: SMITH
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Selmer
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) ARLIE b. (Middle) MAY c. (Last) GARNER
4. DATE OF DEATH (Month) (Day) (Year) Nov. 14-1950

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1939 9. AGE (In years last birthday) 11 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Tenn 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Onie May Garner 13b. MOTHER'S MAIDEN NAME Bertie (Unknown) 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) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES Extra dural skull fracture
Morbidity 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
2 9/20

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Fell from barn or farm 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 10, 1950 21e. INJURY OCCURRED WHILE AT WORK - NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Fell from Barn

22. I hereby certify that I attended the deceased from 11/12, 1950, to 11/14, 1950, that I last saw the deceased alive on 11/14, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur C. Parker Jr. M.D. 23b. ADDRESS Poplar Bluff, Mo 23c. DATE SIGNED 11/15/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Nov. 15-1950 24c. NAME OF CEMETERY OR CREMATORY Selmer Cem 24d. LOCATION (City, town, or county) (State) Selmer Tenn

DATE REC'D BY LOCAL REG. Nov. 15-1950 REGISTRAR'S SIGNATURE Wm. H. Johnson 428 25. FUNERAL DIRECTOR'S SIGNATURE K.V. Phelps ADDRESS Poplar Bluff, Mo

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

RECEIVED

NOV 29 1950

BUTLER CO. HEALTH CENTER

FILE No. 1150-473

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 _____

Licensed Embalmer No. 3231

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.