

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39961

BIRTH NO. <u>3-3015-50</u>		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5143</u> <u>3007</u>		Registrar's No. <u>478</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural...P.B. Twp.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural....P.B. Twp.</u>		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi. S.W. on 67</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi. S.W. on hi-way 67.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BARBARA</u>		b. (Middle) <u>JEAN</u>		c. (Last) <u>SHANKS</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>12/16/50</u>					
5. SEX <u>Fem</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>6/17/1950</u>	
9. AGE (In years last birthday)		10. MONTHS		11. DAYS		12. IF UNDER 18 HRS. Hours	
<u>0</u>		<u>5</u>		<u>29</u>		<u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>us</u>							
13a. FATHER'S NAME <u>Bill Shanks</u>				13b. MOTHER'S MAIDEN NAME <u>Frances Wattw</u>		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) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bill Shanks...Poplar Bluff, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 days</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.						<u>491X</u>	
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)			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2</u> A m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Grover Wheeler Coover</u>				23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>12/18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>12/18/50</u>		<u>Woodlawn</u>		<u>Poplar Bluff, M.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 19-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FRANK-COTRELL...Poplar Bluff, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 27 1950

BUTLER CO. HEALTH CENTER

FILE No. 1250-514

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.....

.....
working under my personal supervision.

Student embalmer No.....

Signed.....

George D. Kerff

Signed.....
Student Embalmer

Licensed Embalmer No. 4752

P. O. Address Polk Bluff 11

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.