

S. No. 300  
v. 10-48

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3947

State File No. ....

0124

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 93

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>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Piedmont</u>	
c. LENGTH OF STAY (In this place) <u>2da</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia Lane Welsh Little</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 5-1921</u>
9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wait</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>	11. BIRTHPLACE (State or foreign country) <u>Shannon Co. O</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Vernon</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Hiram Welsh</u> ADDRESS <u>Piedmont</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound Fracture Legs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Chest</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., mo.) <u>State highway by</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Black River Twp. Butler Mo 012</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2/4-51 3:30a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by a Trailer Truck</u>	
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>Popl</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. A. Johnson</u> (Degree or title) <u>3</u>		23b. ADDRESS _____	23c. DATE SIGNED <u>2/19-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rubel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Near Piedmont Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. A. Johnson</u> 428	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Welsh</u> ADDRESS <u>Piedmont</u>	

RECEIVED

MAR 1 1951 MAR 1 1951  
BUTLER CO. HEALTH CENTER

FILE No. 251-97

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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.....

*me*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Harwin E. Bowler*.....

Licensed Embalmer No. 4426.....

P. O. Address Piedmont, N.C......

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.