

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3957

State File No.

FILED MAR 3 1951

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		d. STREET ADDRESS (If rural, give location) 721 Lester St.	

3. NAME OF DECEASED (Type or Print) Elizabeth Ann Smith			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19. 1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 27, 1870	9. AGE (In years last birthday) 80	10. MONTHS 1	11. DAYS 22	12. IF UNDER 1 YEAR Hours 1	13. IF UNDER 1 YEAR Min. 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Specify foreign country) Publow Bristol Somersetshire Eng.	12. CITIZEN OF WHAT COUNTRY? Eng.
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13a. FATHER'S NAME Thomas M. Penney	13b. MOTHER'S MAIDEN NAME Elizabeth Bryant	14. NAME OF HUSBAND OR WIFE
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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 Mrs Lorene Phillips Poplar Bluff	18. ADDRESS Poplar Bluff
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c)		Unknown
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1945, to Feb 19, 1951, that I last saw the deceased alive on Feb 18, 1951, and that death occurred at 15 A.m., from the causes and on the date stated above.

23a. SIGNATURE E. W. Fonda, M.D.	(Degree or title)	23b. ADDRESS Poplar Bluff Mo.	23c. DATE SIGNED 2-19-51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/21, 1951	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo.
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DATE REC'D BY LOCAL REG. Feb 21/1951	REGISTRAR'S SIGNATURE Wm H Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Frank Cottrell	ADDRESS Poplar Bluff Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Fonda
0124

RECEIVED

MAR 1 1951

BUTLER CO. HEALTH CENTER

FILE No. 251-99

MAY 28 1951

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 A. Kerby

Signed.....
Student Embalmer

Licensed Embalmer No. 4752

P. O. Address Polk's Pharmacy

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.