

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3969**

FILED FEB 23 1951

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 49

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) RURAL-ASHHILL		c. CITY (If outside corporate limits, write RURAL and give township) RURAL-ASH HILL	
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) OTHO b. (Middle) PRESTON c. (Last) MACOM			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29 51		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH MARCH 9-1887		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. 63 10		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Obion County Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME HENRY MACOM		13b. MOTHER'S MAIDEN NAME JOSEPHINE JONES		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 Mrs Neal Moor 838 Kerr St Memphis Tenn	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary tuberculosis, bilateral, advanced, active, severe.		a. Pulmonary tuberculosis, bilateral, advanced, active, severe.		10 mos.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) None.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) m.		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 **12 Jan., 1951, to 29 Jan., 1951**, that I last saw the deceased alive on **20 Jan., 1951**, and that death occurred at **7:40A m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Lester Harwell (Degree or title) J. Lester Harwell, M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 31 Jan. 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY Trimble	
24d. LOCATION (City, town, or county) (State) Tenn.					

DATE REC'D BY LOCAL REG. Feb 1-1951		REGISTRAR'S SIGNATURE Wm. H. Johnson 428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.C. White Fish Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
FEB 20 1957
BUTLER CO. HEALTH CENTER
FILE No. 251-92

FEB 22 1957

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.