

FILED MAR 24 1951

STANDARD CERTIFICATE OF DEATH

7655
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 116

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>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naylor</u> <u>0910</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lula</u>	b. (Middle) <u>Della</u>	c. (Last) <u>Pool</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 6, 1883</u>	9. AGE (In years last birthday) <u>68</u>	10 UNDER 1 YEAR <u>1</u> MONTHS <u>20</u> DAYS	11 UNDER 1 MIN. <u>0</u> HOURS <u>0</u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>White County, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John T. Grant</u>	13b. MOTHER'S MAIDEN NAME <u>Pheabee Bowman</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Pool</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Pool</u>	ADDRESS <u>Naylor, Mo.</u>
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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, asphyxia, 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) <u>leukemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>shock due to sun</u> DUE TO (c) <u>colic, possible rupture of gall bladder</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>gall bladder</u>		584x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>mass</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	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) <u>noon</u> m.	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 Feb 25, 1951, to 2/26, 1951, that I last saw the deceased alive on 2/26, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stew White MD</u> (Degree or title)	23b. ADDRESS <u>Naylor Mo</u>	23c. DATE SIGNED <u>3/5/1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Naylor Masonic Ceme</u>	24d. LOCATION (City, town, or county) (State) <u>Naylor, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 9-1951</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home</u>	ADDRESS <u>Naylor, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

124
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RECEIVED

MAR 20 1951

BUTLER CO. HEALTH CENTER

FILE No. 251-128

MAR 24 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 _____

Charles McCarty

working under my personal supervision.

Student Embalmer No. 387

Signed *Charles McCarty*
Student Embalmer

Signed *Suzanne McCord*
Licensed Embalmer No. 4079

P. O. Address May, 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.