

FILED MAY 4 1951 STANDARD CERTIFICATE OF DEATH

State File No. 11728

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 167

124
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. LENGTH OF STAY (in this place) 50YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		0124
d. FULL NAME OF HOSPITAL OR INSTITUTION BRANDON HOSPITAL			d. STREET ADDRESS (If rural, give location) 1902 THOMAS ST		
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) Wesley c. (Last) Roe			4. DATE OF DEATH (Month) (Day) (Year) APR. 16 1951		
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Dec 29-1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ILL		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME JOHN Roe		13b. MOTHER'S MAIDEN NAME UNKNOWN		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 William Robt. Roe Poplar Bluff Mo		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4-14-1951, to 4-16-1951, that I last saw the deceased alive on 4-16-1951, and that death occurred at 12:45 A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. G. Bond M.D. - 0			23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 18-1951	24c. NAME OF CEMETERY OR CREMATORY MARBLE Hill Cem	24d. LOCATION (City, town, or county) (State) Mt. N. Poplar Bluff Mo		
DATE REC'D BY LOCAL REG. April 25, 1951	REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. J. Phelps Poplar Bluff Mo		

RECEIVED

MAY 2 - 1954

BUTLER CO. HEALTH CENTER

FILE No. 551-180

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 N. G. Phayr.....

Licensed Embalmer No. 3231.....

P. O. Address Caplan Bluff 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.