

S. No. 300
V. 10.48

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15758

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 204

0124
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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 Harviell Mo. R.2. 0120	
c. LENGTH OF STAY (In this place) 1 Yr.		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Elias b. (Middle) Lane c. (Last) Seacrest			4. DATE OF DEATH (Month) (Day) (Year) 5-3-51		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 2	
8. DATE OF BIRTH 10-7-1888		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR: Months 6 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tie Inspector		10b. KIND OF BUSINESS OR INDUSTRY Timber		11. BIRTHPLACE (State or foreign country) Carter Co. Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased	
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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 ADDRESS Mrs. Jewell Manis Poplar Bluff Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. Encephalomalacia Anterior Glen. DUE TO (b) Fall - Fracture Rib 4, April 51. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 12 Mo. -				INTERVAL BETWEEN ONSET AND DEATH 3 days. ?	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 x F		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) 6 April 51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall - Fracture Rib 4, 10th Rib.	
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22. I hereby certify that I attended the deceased from **6 April, 1951**, to **3 May, 1951**, that I last saw the deceased alive on **3 May, 1951**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Johnson M.D.		23b. ADDRESS 321 Poplar Bluff Mo.		23c. DATE SIGNED 11 May 51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-7-51		24c. NAME OF CEMETERY OR CREMATORY Whites Mill	
24d. LOCATION (City, town, or county) (State) Carter Co. Mo.					

DATE REC'D BY LOCAL REG. May 28 1951		REGISTRAR'S SIGNATURE Wm. H. Johnson 428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phelps-Leuckel Poplar Bluff, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 5 1951

BUTLER CO. HEALTH CENTER

FILE No. 651-25-X

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 J-3-57

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address 54 Poplar Poplar Bl

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.