

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19532

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>30070</u>		Registrar's No. <u>210</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		<u>0123</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 214 South Six St.</u>				d. STREET ADDRESS (If rural, give location) <u>214 South Six St.</u>				
3. NAME OF DECEASED (Type or Print), a. (First) <u>Frances</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>(Fannie) Epps</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 11, 1872</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Butler County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Marion Helm</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Emerson</u>			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 <u>Mr Cloyd Epps Chicago Ill.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis, chronic</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho-pneumonia, acute, left Senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 mos.</u> <u>3 1/2 mos. ???</u>	
19a. DATE OF OPERATION <u>None.</u>		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No.</u>		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) (Min.)		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 <u>17 April, 1951</u> , to <u>22 June, 1951</u> , that I last saw the deceased alive on <u>22 June, 1951</u> , and that death occurred at <u>10.40 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>J. Lester Harwell</u> <u>J. Lester Harwell, M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>23 June 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 24, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Black Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Butler County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>25 June 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cotrell</u>		ADDRESS <u>Poplar Bluff Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

JUL 3 1951

BUTLER CO. HEALTH CENTER

FILE No. 751-292

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 _____

Signed.....
Student Embalmer

Licensed Embalmer No. 2964

P. O. Address Caplan Blvd

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.