

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19540

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 270

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>419 Cleveland Street</b>		d. STREET ADDRESS (If rural, give location) <b>932 Harper Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cynthia</b> b. (Middle) <b>Jane</b> c. (Last) <b>Inman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 16 - 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>June 6 1870</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>10</b>	IF UNDER 10 HRS. Hours <b>0</b> Min. <b>10</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Newport Ark</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>John Morgan</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs George Elder Poplar Bluff Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3-4 MO</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Esophagus</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ ✓ DUE TO (c) _____ ✓		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		✓	

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	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) <b>Poplar Bluff Butler Mo</b>
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? 150X ✓

22. I hereby certify that I attended the deceased from **5-27, 1951**, to **6-16, 1951**, that I last saw the deceased alive on **6-16, 1951**, and that death occurred at **5:15 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. H. Helay M.D.</b>	(Degree or title)	23b. ADDRESS <b>Poplar Bluff Mo.</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 19, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 18-1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	428	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank- Cottrell</b>	ADDRESS <b>Poplar Bluff Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2966  
0123

RECEIVED

JUN 26 1951

BUTLER CO. HEALTH CENTER

FILE No. 651-2821

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.....  
Student Embalmer

Signed..... Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine Poplar

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.