

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19545**

FILED JUL 12 1951

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>291</u>	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (In this place) 26 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		019.3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Velmer St.				d. STREET ADDRESS (If rural, give location) d			
3. NAME OF DECEASED a. (First) Queenie			b. (Middle)		c. (Last) McCall		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1951
5. SEX female	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 10, 1884		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (State or foreign country) Cherough Co. S. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hancock			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Elmo McCall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmo McCall 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, asphyxiation, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac failure DUE TO (c) cerebral hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 33 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>5-21-</u> , 1951, to <u>6-25-</u> , 1951, that I last saw the deceased alive on <u>6-25</u> , 1951, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE W. S. Gravel (Degree or title)				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 7/2/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-28-51	24c. NAME OF CEMETERY OR CREMATORY Baker Pastures		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. R. 4		
DATE REC'D BY LOCAL REG. 7-2-51		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.			

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

RECEIVED

JUL 10 1951
BUTLER CO. HEALTH CENTER
FILE No. 751-309

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 Walter Marsh Watkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.