

FILED AUG 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22208

BIRTH NO. 42374-51 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 331

1. PLACE OF DEATH  
a. COUNTY Butler  
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff  
c. LENGTH OF STAY (In this place) 2 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Brandon Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Butler  
c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff 0124  
d. STREET ADDRESS (If rural, give location) 1130 Grand Ave. 0

3. NAME OF DECEASED (Type or Print)  
a. (First) VERNON b. (Middle) DELMAR c. (Last) BOOKER

4. DATE OF DEATH (Month) (Day) (Year) 7/28/1951

5. SEX Male 0  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 7/26/1951

9. AGE (In years last birthday) 2  
# UNDER 1 YEAR Months 2  
# UNDER 24 HRS. Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Poplar Bluff, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Vernon D. Booker

13b. MOTHER'S MAIDEN NAME Frances Eastwood

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernon D. Booker 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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Premature  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature detachment of placenta.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION - 776X

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1951, to July 28, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE H. G. Bond (Degree or title) MD

23b. ADDRESS Poplar Bluff, Missouri

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #1

24b. DATE 7/28/1951

24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

DATE REC'D BY LOCAL REG. July 30 1951

REGISTRAR'S SIGNATURE Wm. H. Johnson 42Y

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1240

RECEIVED

AUG 8 1967  
BUTLER CO. HEALTH CENTER

FILE No. 851-355

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.