

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22230**

124
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BRUNNEN AUG 2 1951

BIRTH NO. _____ REG. DIST. NO. *43* PRIMARY REG. DIST. NO. *3007* Registrar's No. *322*

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 town or TOWN Poplar Bluff, Mo.)		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		<i>519-4</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION Brandon Hosp.			d. STREET ADDRESS (If rural, give location) 501 Victor St.		
3. NAME OF DECEASED (Type or Print) a. (First) Mary Elizabeth b. (Middle) Rideout c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH De. 14, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 7 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Henderson, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME David Hanley Rideout		13b. MOTHER'S MAIDEN NAME Nancy	14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ed Vandover Poplar Bluff, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Hypertension		
			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 331X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 July 17, 1951 , to July 21, 1951 , that I last saw the deceased alive on July 21, 1951 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE H. G. Bond M.D.			23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 7-21-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 22, 1951	24c. NAME OF CEMETERY OR CREMATORY Kinzie Cem.		24d. LOCATION (City, town, or county) (State) Rural, Poplar Bluff, Mo.
DATE REC'D BY LOCAL REG. 7-23-51		REGISTRAR'S SIGNATURE Wm H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.	

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

RECEIVED

JUL 31 1951

BUTLER CO. HEALTH CENTER

FILE No. 751-343

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 V. M. St P. B.

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.