

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29591

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 382

1. PLACE OF DEATH
a. 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)
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo. b. COUNTY Butler
c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff 0124
d. STREET ADDRESS (If rural, give location) 515 N. Sixth

3. NAME OF DECEASED
a. (First) William b. (Middle) D. c. (Last) Davis 4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Aug. 10, 1869 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 17 IF UNDER 24 HRS. Hours 17 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bridge and Bldg. Foreman 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Obion Co. Tenn. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Isaac Barton 13b. MOTHER'S MAIDEN NAME Margaret Jane Childress 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 Mrs. Harold Collard ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burger's Disease INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES
Morbidity conditions, if any, giving DUE TO (b) _____
the underlying cause last. _____
DUE TO (c) 4531
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterial Hypertension.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 Aug 20, 1950 to Aug 27, 1951, that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 10:05 p. m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Fronda, M.D. (Degree or title) 23b. ADDRESS Poplar Bluff, Mo. 23c. DATE SIGNED 9-4-51.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-30-51 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem. 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. Sept. 10 1951 REGISTRAR'S SIGNATURE Wm. H. Johnson 25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell ADDRESS Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

124

P. H. Hoops
FILED SEP-22-1951

RECEIVED

SEP 18 1951

BUTLER CO. HEALTH CENTER

FILE No. 957-411

RECEIVED

SEP 15 1951

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 William 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.