

Dement

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43927

FILED JAN 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>031130257</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>0126</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>4 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Redford</u>		10.7.1951			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maple</u>		b. (Middle) <u>Charolste</u>		c. (Last) <u>Dement</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 30 51</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>3-10-1921</u>			
9. AGE (In years last birthday) <u>30</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Days		IF UNDER 1 MIN. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iron County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George Wells</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Louden</u>			14. NAME OF HUSBAND OR WIFE <u>Sherman Dement</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Sherman Dement</u>				
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) <u>Eclampsia (Post-Partum)</u>				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) <u>Nephritis, acute</u>						
			DUE TO (c) <u>Pregnancy, Toxemia of</u>						
			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 <u>685</u>						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)		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>12-30, 1951</u> , to <u>12-30, 1951</u> , that I last saw the deceased alive on <u>12-30, 1951</u> , and that death occurred at <u>4:40 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>V.W. Jonda, M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>1-7-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Redford</u>		24d. LOCATION (City, town, or county) (State) <u>Redford Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-7-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. S. Smith</u>		ADDRESS <u>Ellington, Mo.</u>			

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

Dement

RECEIVED
JAN 15 1952

BUTLER CO. HEALTH CENTER

FILE No. 152-25

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 Chas S. Lewitt.....

Licensed Embalmer No. 4574.....

P. O. Address Ellington 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.