

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

361

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Butler</p>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <p style="text-align: center;">Mo.</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Poplar Bluff</p>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Poplar Bluff Hosp.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Gatewood</p>	
		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">Mo.</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Anita</p>	b. (Middle)	c. (Last) <p style="text-align: center;">Blackwell</p>	(Month) <p style="text-align: center;">Jan.</p>	(Day) <p style="text-align: center;">9,</p>	(Year) <p style="text-align: center;">1952</p>

5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Infant</p>	8. DATE OF BIRTH <p style="text-align: center;">July 27, 1951</p>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <p style="text-align: center;">2</p>	IF UNDER 12 HRS. Days <p style="text-align: center;">12</p>	IF UNDER 24 HRS. Hours <p style="text-align: center;">1</p>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Infant</p>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Gatewood, Mo.</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p>
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13a. FATHER'S NAME <p style="text-align: center;">Unknown</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Marie Blackwell</p>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Marie Blackwell</p>	ADDRESS <p style="text-align: center;">Gatewood, Mo.</p>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Bronchial pneumonia</p>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec. 26, 19 51, to Jan. 9, 19 52, that I last saw the deceased alive on Jan. 9, 19 52, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">W. H. Johnson, M.D.</p>	(Degree or title) <p style="text-align: center;">M.D.</p>	23b. ADDRESS <p style="text-align: center;">Poplar Bluff, Missouri</p>	23c. DATE SIGNED <p style="text-align: center;">1-21-52</p>
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24a. BURIAL, CREMATION, REMOVAL. (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">Jan. 10, 1952</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Macedonia Cem.</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Macedonia Ark. Randolph Co.</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">Jan. 23, 1952</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">W. H. Johnson</p>	4285	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Frank-Cotrell</p>	ADDRESS <p style="text-align: center;">Poplar Bluff, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

#  
012437  
0

FILED JAN 31 1952

RECEIVED  
JAN 28 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 152-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ <sup>"NOT EMBALMED"</sup> by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Walter R Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine St 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.