

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4107

FILED FEB 21 1952

State File No. 3007
Registrar's No. 200

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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 township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF, MO.	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 404 Dalton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 404 Dalton			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) (none) c. (Last) CHATMAN			4. DATE OF DEATH (Month) (Day) (Year) Feb 15 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Aug 23, 1875		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	
11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY ---	

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Artie Chatman	
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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. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Artie Chatman 404 Dalton Poplar Bluff	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 1 day		
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490x		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" 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 **14 Feb, 1952**, to **15 Feb, 1952**, that I last saw the deceased alive on **14 Feb, 1952**, and that death occurred at **2:50 p.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 32 Oak Poplar Bluff Mo		23c. DATE SIGNED 16 Feb 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb 16/52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
				24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo	

DATE REC'D BY LOCAL REG. Feb. 16. 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson 428-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard O. Emsal Corning, Ark.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
FEB 19 1952
BUTLER CO. HEALTH CENTER
FILE No. 252-89

VS
JUN 3
1959

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 me

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

Richard C. Ement

Licensed Embalmer No. 782

P. O. Address Corning, Pa.

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.