

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4114

No. 300
10. 48

FILED FEB 29 1952

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

| | | | | |
|--|-------------------------------|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | PRIMARY REG. DIST. NO. <u>3007</u> | Registrar's No. <u>1123</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived; if "institution" residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (In this place) <u>Life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>1123</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>Route 3</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy Everett</u> | | b. (Middle) <u>Hargiss</u> | | c. (Last) _____ |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1952</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Oct. 19, 1930</u> | 9. AGE (In years last birthday) <u>21</u> IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Army</u> | 11. BIRTHPLACE (State or foreign country) <u>Broseley, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Chas. Hargiss</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Hudgins</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes 9-19-51</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Matt Mayo, Poplar Bluff, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple injuries</u> DUE TO (c) <u>Auto-accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Basilar skull fracture</u> <u>Secondary Blood loss</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>012</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public hiway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler Mo.</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 16, 1952</u> m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Auto collision</u> |
| 22. I hereby certify that I attended the deceased from <u>2-16</u> , 195 <u>2</u> , to <u>2-18</u> , 195 <u>2</u> ; that I last saw the deceased <u>live</u> on <u>2-18</u> , 195 <u>2</u> , and that death occurred at <u>2:02</u> p. m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>Walter O'Brien MD</u> | | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | | 23c. DATE SIGNED <u>2-21-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-22-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u> | 24d. LOCATION (City, town, or county) (State) <u>Madison Co., Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>Feb. 21-1952</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-0</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greer Croy & Fitch Poplar Bluff, Mo.</u> |

RECEIVED
FEB 26 1952
BUTLER CO. HEALTH CENTER
FILE No. 252-92

30721



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 Joseph R. Matlock
Licensed Embalmer No. 4824
P. O. Address Palmer Bluff, W.

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.