

FILED MAR 5 1952

STANDARD CERTIFICATE OF DEATH

4128

State File No. 29
3311131
REGISTRAR'S No. 941

BIRTH NO.		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3002</u>	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 10 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell		1350
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			d. STREET ADDRESS (If rural, give location) Plainview Drive		
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) CECILIA	c. (Last) SHEPARD	4. DATE OF DEATH (Month) (Day) (Year) FEB. 20 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 10, 1882	9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Months 3
IF UNDER 24 HRS. Days 10	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZENRY OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charley Moore		13b. MOTHER'S MAIDEN NAME Sarah Ann Layton		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) No		16. SOCIAL SECURITY NO. 497-09-1487	17. INFORMANT'S SIGNATURE OR NAME Sybil Cruse, Campbell, Missouri		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis				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) Arteriosclerosis, general				
	DUE TO (c) Hypertensive Heart Disease				
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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>2-11</u> , 19 <u>52</u> , to <u>2-20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb. 20</u> , 19 <u>52</u> , and that death occurred at <u>10-30 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE W. H. Johnson, M.D.			(Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 2-27-1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Cemetery	24d. LOCATION (City, town, or county) (State) Clarkton, Mo. R-1		
DATE REC'D BY LOCAL REG. Feb. 28-1951	REGISTRAR'S SIGNATURE W. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home Campbell, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

1124

RECEIVED
MAR 4 - 1952

BUTLER CO. HEALTH CENTER

FILE No. 352-107

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.