

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7513

Dr. Harwell
FILED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>0124,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> <u>0120</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joel</u>	b. (Middle) <u>East</u>	c. (Last) <u>Kearbey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 19, 1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Butler Co. Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Joel J. Kearbey</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Ann Nance</u>	14. NAME OF HUSBAND OR WIFE <u>Parthenia Jane Kearbey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bob Kearbey Poplar Bluff, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia, acute,</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u></u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Arterial hypertension, chronic</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		2 yrs. <u>???</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No.</u>	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) (m.)	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 5 Feb., 1952, to 18 Feb., 1952, that I last saw the deceased alive on 14 Feb., 1952, and that death occurred at 3:P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Lester Harwell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>7 March 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 20, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sparkman Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-10-52</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 18 1952

BUTLER CO. HEALTH CENTER

FILE No. 352-135

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed Wallace R Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine 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.