

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7527**
REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **157**

FILED APR 10 1952

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

1. PLACE OF DEATH a. COUNTY Butler 01240		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri Butler MO 24	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hos p.		d. STREET ADDRESS (If rural, give location) Poplar Bluff 702 Park Ave	
3. NAME OF DECEASED a. (First) Bess b. (Middle) Langdon c. (Last) Polk			4. DATE OF DEATH (Month) (Day) (Year) Mar. II, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 30, 1904
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months II Days II	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Corning Ark
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Dell	
13b. MOTHER'S MAIDEN NAME Ellen Cline		14. NAME OF HUSBAND OR WIFE Samual Polk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samual Polk Poplar Bluff Mo.
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) Asphyxiation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) pulmonary thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (post operative)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 2 24 , 19 52 , to 3 11 , 19 52 , that I last saw the deceased alive on 3 11 52 , 19 52 , and that death occurred at 5.20A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. H. Johnson		23b. ADDRESS	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar 14, 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) Normandy St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Chapel Poplar Bluff Mo	
DATE REC'D BY LOCAL REG. 3-28-52		REGISTRAR'S SIGNATURE Wm. H. Johnson	

RECEIVED
APR 7 - 1952
BUTLER CO. HEALTH CENTER
FILE No. 152-183

APR 12 1952

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 Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. Poplarville

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.