

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15702

State File No. 15702  
Registrar's No. 227

S. No. 300  
v. 10.48

0124

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</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> COUNTY <u>Wayne</u> RURAL OR TOWN <u>Rural</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Lowndes Wayne Co.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson T.S.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Poplar Bluff Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>1110</u>		
3. NAME OF DECEASED (Type or Print) <u>Victoria</u>		a. (First)	b. (Middle) <u>Bounds</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 3 - 52</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	8. DATE OF BIRTH <u>Dec 29 1867</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Perry Co Missouri,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>William Lee,</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Stone</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Bounds Lowndes 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cecum</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
	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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>4/14/52</u> , 19 <u>52</u> to <u>5/32</u> , 1952, that I last saw the deceased live on <u>5/3</u> , 1952, and that death occurred at <u>10:25 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <u>Wm. H. Johnson</u>			23b. ADDRESS		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-5-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Lowndes Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 12 - 1952</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Service Bureau Mo</u>		ADDRESS

RECEIVED  
MAY 20 1952

BUTLER CO. HEALTH CENTER

FILE No. 552-262

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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

*Walter Marsh Watkins*

Licensed Embalmer No.

*4217*

P. O. Address

*Dexter, 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.