

5. No. 300  
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15712

State File No. 15712  
Registrar's No. 256

*Dr. Engelhardt*  
FILED JUN 13 1952

BIRTH NO. 277710 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> <b>SEMPER COUNTY</b> <b>Butler</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hosp.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Billy</b> b. (Middle) <b>Jack</b> c. (Last) <b>Kegley Jr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 29, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>May 28, 1952</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Poplar Bluff, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Billy Jack Kegley</b>		13b. MOTHER'S MAIDEN NAME <b>Olene Kegley Lindley</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>		
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 <b>Olene Kegley Malden, Mo.</b> ADDRESS		
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pre-maturity</b>  ANTECEDENT CAUSES <b>Unknown</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Unknown</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7/1-X</b>				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 <b>May 28, 1952</b> , to <b>May 29, 1952</b> , that I last saw the deceased alive on <b>May 27, 1952</b> , and that death occurred at <b>3:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert Engelhardt, M.D.</b> (Degree or title)			23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>May 31, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-29-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cem. Woodlawn Park</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>June 1, 1952</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>428</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank-Cotrell</b> ADDRESS <b>Poplar Bluff, Mo.</b>		

RECEIVED  
JUN 10 1952

BUTLER CO. HEALTH CENTER

FILE No.

652-294

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed

Howard A. Jensen

Licensed Embalmer No. 3940

P. O. Address

421 Pine St Coplan

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.