

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

RECEIVED SEP 11 1968
State File No. 117
Registration No. 281

FILED JUN 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5143H</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Butler</u> (1121)		
b. CITY OR TOWN <u>Rural Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>82 yr</u>	c. CITY OR TOWN <u>Rural P.S. Poplar Bluff</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Willis</u>		c. (Last) <u>EMERSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4-4-52</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-23-1867</u>		9. AGE (In years last birthday) <u>85</u>	
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 <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ill. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Emerson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert Emerson</u>		17. ADDRESS <u>P.S. Poplar Bluff</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>		*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	
ANTECEDENT CAUSES (b) <u>Hypertensive Heart Disease</u>		DUE TO (b) <u>Hypertensive Heart Disease</u>		DUE TO (c) <u>Prostatitis</u>	
II. OTHER SIGNIFICANT CONDITIONS (c) <u>Prostatitis</u>		Conditions contributing to the death but not related to the disease or condition causing death.		?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		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>1 May</u> , 19 <u>52</u> to <u>4 June</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2 April</u> , 19 <u>52</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W.F. Beckman M.D.</u>		(Degree or title)		23b. ADDRESS <u>321 Oak Poplar Bluff Mo</u>	
23c. DATE SIGNED <u>1 June 52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-7-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Black Creek cemetery</u>		24d. LOCATION (City, town, or county) <u>Butler Co</u>		(State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-9-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Phelps Leuchel</u>	
ADDRESS _____		ADDRESS _____		ADDRESS _____	

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

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RECEIVED
JUN 18 1952
BUTLER CO. HEALTH CENTER
FILE No. 652-315

6/18/52

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 H-4-5

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Paper Bluff 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.