U.S. No. 300
Rev. 10-48

Poplar Bluff

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27309

BIRTH NO. FILED SEP 13 1952 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 400

0124

1. PLACE OF DEATH a. COUNTY: Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Arkansas b. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff c. LENGTH OF STAY (in this place): 12 hours	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Little Rock
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital	d. STREET ADDRESS (If rural, give location): 468 Midland Ave.

3. NAME OF DECEASED (Type or Print)	a. (First): VIRGINIA	b. (Middle): M.	c. (Last): KUYKENDALL	4. DATE OF DEATH (Month) (Day) (Year): Aug. 15, 1952
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 7, 1903	9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 8, Days 8 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Fort Smith, Ark.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: E. N. Merriman	13b. MOTHER'S MAIDEN NAME: Hattie Speer	14. NAME OF HUSBAND OR WIFE: Mr. J. Ray Kuykendall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): --------	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME: J. Ray Kuykendall, Little Rock, Ark	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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gasoline burns

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

803

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clay County Arka.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Car turned over rolled into gasoline pumps.

22. *I hereby certify that I attended the deceased from* 8-14, 1952, *to* 8-15, 1952, *that I last saw the deceased alive on* 8-15, 1952, *and that death occurred at* 3:25 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Haidin Oldemickson O	23b. ADDRESS: Poplar Bluff, Mo	23c. DATE SIGNED: 8-23-52	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Aug. 15, 1952	24c. NAME OF CEMETERY OR CREMATORY: Little Rock, Cem.	24d. LOCATION (City, town, or county) (State): Little Rock, Arkansas.
DATE REC'D BY LOCAL REG.: 8-30-1952	REGISTRAR'S SIGNATURE: Wm. H. Johnson 428-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Frank-Cotrell Funeral Chapel Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 10 1952
BUTLER CO. HEALTH CENTER
FILE No. 952-448

SEP 15 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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar 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.