

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30885

State File No. _____

Registrar's No. 430

Green
FILED SEP 25 1952

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

124
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brosley</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Poplar Bluff HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Silvia</u> b. (Middle) <u>Jane</u> c. (Last) <u>Riepe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 16, 1905</u>	9. AGE (In years last birthday) <u>47</u>	10. MONTHS <u>7</u>	11. DAYS <u>13</u>	12. IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Naylor, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Pennington</u>	14. NAME OF HUSBAND OR WIFE <u>Carl Riepe</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Riepe</u>	ADDRESS <u>Brosley, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lacerations of lungs due to</u> DUE TO (c) <u>crushed chest due to collision</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>of tractor and automobile</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E8161</u> <u>012 26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>Farmers Market Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 29 - 1952 7:45 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>automobile ran into the back of a farm tractor on which she was riding</u>
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Traver W. Green</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Poplar Bluff Mo</u>	23c. DATE SIGNED <u>9/15-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brown Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Brosley, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-16-52</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cotrell</u>	ADDRESS <u>Poplar Bluff, Mo.</u>
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RECEIVED
SEP 24 1952

BUTLER CO. HEALTH CENTER

FILE No. 952-472

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine Poplar Bl

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.