

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34329**

**FILED OCT 31 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3001 Registrar's No. 476

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff,</b>	
c. LENGTH OF STAY (In this place) <b>20 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>205 North "B" Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			
3. NAME OF DECEASED (Type or Print) <b>EMMA</b>		a. (First) <b>FRANCIS</b>	
		b. (Middle) <b>WEAVER</b>	
		c. (Last) <b>WEAVER</b>	
4. DATE OF DEATH <b>Oct. 3, 1952</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Aug. 8, 1860</b>		9. AGE (In years last birthday) <b>92</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House keeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At. Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Florence, Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Rogers Lawson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Weaver</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) <b>No</b>		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME <b>Lsh. E. Weaver, Poplar Bluff, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Third Degree Burns over 100 sq. ft. skin</b> ANTECEDENT CAUSES <b>Accidental Burning of clothes</b> 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. <b>E9160 160</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>128</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Poplar Bluff Butler Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3:05 52 7A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Lighting gas stove caught clothes</b>			
22. I hereby certify that I attended the deceased from <b>10-3</b> , 19 <b>52</b> , to <b>10-3</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>10-3</b> , 19 <b>52</b> , and that death occurred at <b>2:25 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>C. T. Bushman M.D.</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>	
23c. DATE SIGNED <b>10-16-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 5, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Water Valley Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Water Valley, Miss.</b>	
DATE REC'D BY LOCAL REG. <b>10-25-52</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Cotrell</b>		ADDRESS <b>Poplar Bluff, Mo.</b>	

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

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RECEIVED  
OCT 30 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 1057-520

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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 Howard A. Cooper

Licensed Embalmer No. 3946

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.