

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37821

State File No.

XC-UNKNOWN
RN-3044
FILED NOV 28 1952

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 510

0124

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Craighead	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookland 8030	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS (If rural, give location) Route #1	
3. NAME OF DECEASED (Type or Print) a. (First) LEROY b. (Middle) (NMI) c. (Last) FISHER			4. DATE OF DEATH (Month) (Day) (Year) November 17, 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 8, 1892
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Sawmill	11. BIRTHPLACE (City and State or Foreign Country) Union City, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME BUD FISHER	
13b. MOTHER'S MAIDEN NAME LUE LANDRUM		14. NAME OF HUSBAND OR WIFE WIDOWED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, POPLAR BLUFF, MO. ADDRESS VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
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 J. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Spontaneous (a) Pneumothorax, left with partial collapse of right lung DUE TO (b) Advanced pulmonary emphysema DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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 ^{VA} attended the deceased from 11-1 , 19 52 , to 11-17 , 19 52 and that death occurred at 11:25 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. C. CORWIN, M.D., Medical Service (Degree or title)		23b. ADDRESS VA Hospital, Poplar Bluff, Mo.	23c. DATE SIGNED 11-17-52
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-17-1952	24c. NAME OF CEMETERY OR CREMATORY Blytheville Ark.	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 11-17-52	REGISTRAR'S SIGNATURE Wm. H. Johnson 428	25. FUNERAL DIRECTOR'S SIGNATURE Green Cross & Fitch Poplar Bluff, Mo. ADDRESS	

RECEIVED

NOV 24 1952

BUTLER CO. HEALTH CENTER

FILE No. 1152-559

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 Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address Spencer, Mass.

- 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.