

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

37844

State File No.

S. No. 300
V. 10. 48

FILED DEC 11 1952

BIRTH NO.		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>539</u>		
1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE Mo. b. COUNTY SCOTT				
b. CITY (If outside corporate limits, write RURAL and give township) POPLAR BLUFF		c. LENGTH OF STAY (in this place) 2 WKS.		c. CITY (If outside corporate limits, write RURAL and give township) ORAN		1009		
d. FULL NAME OF HOSPITAL OR INSTITUTION 120N C St.				d. STREET ADDRESS (If rural, give location) 4 MI. EAST of ORAN				
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ANN c. (Last) VERBLE			4. DATE OF DEATH (Month) (Day) (Year) NOV. 28, 1952					
5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH FEB. 24, 1868		
9. AGE (In years) Last birthday 84		IF UNDER 1 YEAR Months 9		IF UNDER 24 HRS. Hours 9 Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ISSAC Latt			13b. MOTHER'S MAIDEN NAME EMMALINE KEITH			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Laura Millender ADDRESS 120N. C. POPLAR BLUFF			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis					15 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis					15 to 20 yrs	
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of cervix - Clinical diagnosis.					10 to 18 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221 H					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 23 Nov, 1952 to 28 Nov, 1952 , that I last saw the deceased alive on 27 Nov, 1952 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Cyril A. Post M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 29 Nov 52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-29-52		24c. NAME OF CEMETERY OR CREMATORY ASH HILL		24d. LOCATION (City, town, or county) (State) BUTLER MO.		
DATE REC'D BY LOCAL REG. Dec. 1, 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson 428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. White Fisk, Mo.				

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

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DEC 9 1952
BUTLER CO. HEALTH CENTER

FILE No. 1252-590

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. *Not Embalmed*

Student
Student Embalmer

Signed *Embalmed*

Licensed Embalmer No.

P. O. Address

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.