

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37847

State File No. 3007

FILED OCT 10 1952

BIRTH NO. REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6043 Registrar's No. 3257

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Washington 0910	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) Naylor Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors			

3. NAME OF DECEASED (Type or Print) a. (First) Melba b. (Middle) Ruth c. (Last) West			4. DATE OF DEATH (Month) (Day) (Year) Oct 3, 1952		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 11, 1948	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ripley Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Virgil West	13b. MOTHER'S MAIDEN NAME Pearl Robinson	14. NAME OF HUSBAND OR WIFE
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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) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Pearl West ADDRESS Naylor, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bacteremia - meningitis (type undet)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Toxic encephalitis		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-2, 1952, to 10-3, 1952, that I last saw the deceased alive on 10-3, 1952, and that death occurred at 11:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Arthur C. Parker M.D.	23b. ADDRESS Poplar Bluff, Mo...	23c. DATE SIGNED 10-5 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/5/52	24c. NAME OF CEMETERY OR CREMATORY Antioch	24d. LOCATION (City, town, or county) (State) Ripley Co., Mo.
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DATE REC'D BY LOCAL REG. 10-7-52	REGISTRAR'S SIGNATURE [Signature] 428	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home ADDRESS Naylor, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1124

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 *Bryan McCord*

Licensed Embalmer No. *4079*

P. O. Address *May 1st, 3mo*

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.