

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8948**

FILED MAR 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 112

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

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>New Madrid</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>Rural</b>	
c. LENGTH OF STAY (In this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. 1 Catron, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Otis</b> c. (Last) <b>Cagle</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 9, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 6, 1889</b>	9. AGE (In years if under 1 year last birthday) <b>63</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dunklin County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>John Cagle</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy Overstreet</b>	14. NAME OF HUSBAND OR WIFE <b>Geneva Bailey Cagle</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Geneva B. Cagle</b>	ADDRESS <b>Rt. 1 Catron, Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage cerebral right</b>		DUE TO (b) <b>Hypertension/cause undetermined</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>Arterio sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		DUE TO (c) <b>unknown</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>331X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **3-6-1953** to **3-9-1953**, that I last saw the deceased alive on **3-9-1953**, and that death occurred at **12:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. J. Acary M.D.</b> (Degree or title)	23b. ADDRESS <b>Poplar Bluff Mo.</b>	23c. DATE SIGNED <b>3-13-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>March 9, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ingram Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Ingram Ridge, Pemiscot, Mo</b>
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DATE REC'D BY LOCAL REG. <b>3-15-53</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. S. Smith</b>	ADDRESS <b>Funeral Home, Caruthersville, Mo.</b>
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RECEIVED  
MAR 20 1953

DOWLER CO. HEALTH CENTER

FILE NO. 353-145

MAR 30 1953

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

*W. Dewey Fike*

Licensed Embalmer No. 4484

P. O. Address Paris, Tennessee, 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.