

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8964

State File No.

FILED MAR 17 1953

BIRTH NO.

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3001

Registrar's No. 91

24
1

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>0124</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1916 Grand Ave</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Angeline</u> c. (Last) <u>Joiner</u>	
4. DATE OF DEATH <u>3-3-53</u>		5. SEX <u>F</u> / 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>July 12-1878</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Greenville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Saylor</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>---</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Joiner Poplar Bluff, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inadequate Metabolism</u> DUE TO (c) <u>Aproplexy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	
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 <u>Jan 15, 1952</u> <u>Mar 3, 1953</u> , that I last saw the deceased alive on <u>3-3-1953</u> , and that death occurred at <u>7:05 AM</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>W. H. Burton</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff</u>	
23c. DATE SIGNED <u>3-4-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Butler Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phelps-Leuckel</u> ADDRESS <u>Poplar Bluff, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-5-53</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428-0	

RECEIVED

MAR 14 1953

BUTLER CO. HEALTH CENTER

FILE No.

353-140

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 3-3-53

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Phil A. Fenichel

Licensed Embalmer No. 2936

P. O. Address Paylor 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.