

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

8969

State File No.

X
S. No. 300
V. 10.48

P. B. Neuf.
FILED MAR 21 1953

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

5124
C

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>Ark.</u> b. COUNTY <u>Whiteer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (in this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pollard</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>8030</u>	
d. STREET ADDRESS (If rural, give location) <u>8</u>		f. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Dale</u> c. (Last) <u>Lotshaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 3, 1936</u>
9. AGE (In years last birthday) <u>16</u>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>7 4</u>	11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Marvin Lotshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lee Young</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Phillips Lotshaw</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Lotshaw Pollard, Ark.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock - secondary</u> ANTECEDENT CAUSES <u>Fractured Skull</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH _____	
21a. ACCIDENT SUICIDE HOMICIDE <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>highway 53</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jerlin Butler Missouri</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>March 8 1953 2⁰⁰ m.</u>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto mobile accident</u>	
22. I hereby certify that I attended the deceased from <u>9-8</u> , 19 <u>53</u> , to <u>8-8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-8</u> , 19 <u>53</u> , and that death occurred at <u>9:30A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Hennickson, M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>3-19-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pollard Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pollard, Ark.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAK 21 1953</u> <u>Clyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>	

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 Walker R Knight

Licensed Embalmer No. 4544
412 One

P. O. Address Poplar Bluff

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.