

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8982

State File No. _____

7258
MAR 17 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 99

124
1

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION 518 Magonila		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff <u>0124</u>	
		d. STREET ADDRESS (If rural, give location) 518 Magnolia <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Richard	b. (Middle) Allen	c. (Last) Sensabaugh	4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 21, 1953	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 5 IF UNDER 12 HOURS 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child	10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Mo. <u>0</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Alene Sensabaugh	14. NAME OF HUSBAND OR WIFE child
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. XX XX	17. INFORMANT'S SIGNATURE OR NAME Alene Sensabaugh ADDRESS Poplar Bluff, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inadequate Metabolism		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature birth		
	DUE TO (c) Unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7735			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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 2-21, 1953, to 2-25, 1953, that I last saw the deceased alive on 2-25, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE H. Burton (Degree or title)	23b. ADDRESS Poplar Bluff	23c. DATE SIGNED 3-4-53
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24a. HOSPITAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Rock Hill cem.	24d. LOCATION (City, town, or county) (State) Puxico, Mo.
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DATE REC'D BY LOCAL REG. March 5, 1953	REGISTRAR'S SIGNATURE Wm. H. Johnson <u>428</u>	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. Dexter, Mo. ADDRESS
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RECEIVED

MAR 14 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-122

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 _____

Was Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Jerde 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.