

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13414

State File No.
Registrar's No. 179

FILED MAY 7 1953

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

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 Carter	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 6 weeks	c. CITY OR TOWN Elsinore
d. FULL NAME OF HOSPITAL OR INSTITUTION 1424 N. Cole Ave.		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) ANN c. (Last) SOLLARS			4. DATE OF DEATH (Month) (Day) (Year) 4/19/1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/10/1889
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Albany, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Louis Dabney		13b. MOTHER'S MAIDEN NAME Ruth Ann Ellis	
14. NAME OF HUSBAND OR WIFE William Sollars			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Sollars, Elsinore, Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anasarca DUE TO (c) Cardio-nephritic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of left breast	
INTERVAL BETWEEN ONSET AND DEATH 2 days one year half year one year			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4428H	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 1-1-1952 , to 4-19-1953 , that I last saw the deceased alive on 4-19-1953 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. H. Burton MD		23b. ADDRESS Poplar Bluff, Missouri	
23c. DATE SIGNED 4/20/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/21/1953	
24c. NAME OF CEMETERY OR CREMATORY Henson Cemetery		24d. LOCATION (City, town, or county) (State) Williamsville, Missouri	
DATE REC'D BY LOCAL REG. 4/28/53		REGISTRAR'S SIGNATURE R. H. Minette	
25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch		ADDRESS Poplar Bluff, Mo	

RECEIVED
MAY 5 1953

BUTLER CO. HEALTH CENTER

FILE No. 553-206

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
Signature of Student Embalmer

Signed *Joseph R. Matlock*

Licensed Embalmer No. 4824

P. O. Address *Caplan 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.