

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24045

FILED JUL 22 1953

State File No. _____

BIRTH NO. 34678 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 294

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| 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 township) <u>Poplar Bluff</u> | c. LENGTH OF STAY (If this place) <u>24 hrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>0120</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>Route 1, Fresh Mo.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>Fred</u> c. (Last) <u>VENABLE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-53</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u> | 8. DATE OF BIRTH <u>6-24-53</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>6-24-53</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Butler Co Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

| | | |
|---|--|-----------------------------|
| 13a. FATHER'S NAME <u>Fred Venable</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Christine</u> | 14. NAME OF HUSBAND OR WIFE |
|---|--|-----------------------------|

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| (15) WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Fred Venable Pl. Fresh, Mo.</u> | ADDRESS <u>Pl. Fresh, Mo.</u> |
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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) <u>Cythero blastosis Fitchi</u> | | MEDICAL CERTIFICATION 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) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7700</u> | | |

| | | |
|------------------------|----------------------------------|---|
| 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? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 6-29, 1953, to 6-30, 1953, that I last saw the deceased alive on 6-30, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

| | | | |
|---|-------------------|--|-----------------------------------|
| 23a. SIGNATURE <u>William M. ...</u> | (Degree or title) | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | 23c. DATE SIGNED <u>7-3-53</u> |
|---|-------------------|--|-----------------------------------|

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|--|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-1-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Waynes Co. Mo.</u> |
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|--|---|-----|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>7/13/53</u> | REGISTRAR'S SIGNATURE <u>W. M. ...</u> | 489 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheep-Fenchel</u> | ADDRESS <u>Poplar Bluff</u> |
|--|---|-----|--|--------------------------------|

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

RECEIVED

JUL 20 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 6-30-

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2926

P. O. Address Maple Bluff, TN

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.