

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27864

State File No. _____

No. 300
10.48

FILED SEP 10 1953

43

3007

Registrar's No. 369

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Butler					2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE Mo. b. COUNTY Butler				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.			c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.			0124	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lucy Lee Hosp.					d. STREET ADDRESS (If rural, give location) 929 Pine Blvd.				
3. NAME OF DECEASED (Type or Print) a. (First) Henrietta			b. (Middle) _____		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 21, 1868		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Unknown			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Hubert Powell ADDRESS Poplar Bluff, Mo.					
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) Coronary Thrombosis ANTECEDENT CAUSES 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.						INTERVAL BETWEEN ONSET AND DEATH 1 hr	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____		4201			
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 Aug. 17, 1953 to Aug. 23, 1953 , that I last saw the deceased alive on Aug. 23, 1953 , and that death occurred at 1:50 AM. , from the causes and on the date stated above.									
23a. SIGNATURE Wm. P. Pheasant Jr. (Degree or title) M.D.				23b. ADDRESS Poplar Bluff, Missouri				23c. DATE SIGNED 8/23/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 25, 1953		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.			
DATE RECD BY LOCAL REG. 9/3/53		REGISTRAR'S SIGNATURE Wm. P. Pheasant Jr.			25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell ADDRESS Poplar Bluff, Mo.				

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

0124
0

RECEIVED
SEP 8 - 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 10 1953

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 Wallace R Knight

Licensed Embalmer No. 4514

P. O. Address 412 W. Ave

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.