

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27885

FILED SEP 10 1953

State File No. 370  
Registrar's No. 370

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
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) 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>Poplar Bluff</u>		0 12 4
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>916 Alice St.</u>			d. STREET ADDRESS (If rural, give location) <u>916 Alice</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>Ann</u> c. (Last) <u>Magness</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 26, 1894</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Batesville, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Henry Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah</u>		14. NAME OF HUSBAND OR WIFE <u>Dock Magness, Decd.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alvin Magness Poplar Bluff, Mo.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascul. Renal Disease</u> DUE TO (c) <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Poplar Bluff Butler Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>9-30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>		
22. I hereby certify that I attended the deceased from <u>4-2-1953</u> , to <u>9-3-1953</u> , that I last saw the deceased alive on <u>9-3-1953</u> and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. D. Kelley, M.D.</u>			23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>9/5/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Batesville, Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Batesville, Ark.</u>		
DATE RECEIVED BY LOCAL REG. <u>9/5/53</u>		REGISTRAR'S SIGNATURE <u>W. D. Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>	

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

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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*  
*412 Van*

P. O. Address *poplar Bluff - 77*

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.