

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31144

State File No.

No. 300
10.48

FILED OCT 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>	
c. LENGTH OF STAY (in this place) <u>9mo.</u>		d. STREET ADDRESS (If rural, give location) <u>902 Warren</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>902tWarren</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNA</u>	b. (Middle) <u>TENNESSEE</u>	c. (Last) <u>PULLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 18, 1860</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework-Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dyer County, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Andy Hopper</u>	13b. MOTHER'S MAIDEN NAME <u>Tennie Combs</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Not any</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jessie Williams-Hot Springs, Ark.</u>	ADDRESS <u>Hot Springs, Ark.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>M.tral Insufficiency</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Arthritis</u>			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>410 X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Poplar Bluff Butler MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>

22. I hereby certify that I attended the deceased from 2/10, 1953 to 9/20, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. L. L.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Poplar Bluff MO</u>	23c. DATE SIGNED <u>9/23/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-20-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>	24d. LOCATION (City, town, or county) (State) <u>Carthersville, Mo.</u>
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DATE/REC'D BY LOCAL REG. <u>9/23/53</u>	REGISTRAR'S SIGNATURE <u>H. H. L. L.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. L. L.</u>	ADDRESS <u>Carthersville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side) Carthersville, Mo.

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

RECEIVED

SEP 28 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

OCT 1 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.

Signed *H. Lower Pike*

Student
Student Embalmer

Licensed Embalmer No. *4484*

P. O. Address *Carthageville, 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.