

FILED NOV 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35130**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **442**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler <i>0124</i>	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff <i>0</i>	
c. LENGTH OF STAY (in this place) 53 Yrs.		d. STREET ADDRESS (If rural, give location) East Pine Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Nora	b. (Middle) Webb	c. (Last) Bernand	4. DATE OF DEATH (Month) (Day) (Year) 10-29-53
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 5-29-1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Resturant	11. BIRTHPLACE (State or foreign country) Poseyville Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joe Webb	13b. MOTHER'S MAIDEN NAME Annie May Wright	14. NAME OF HUSBAND OR WIFE Deceased
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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 Hallie Webb	ADDRESS R.4 Poplar Bluff
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auricular fibrillation		?
	DUE TO (c) Myocardial Necrosis		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **16 June**, 19**53**, to **29 Oct**, 19**53**, that I last saw the deceased alive on **29 Oct**, 19**53**, and that death occurred at **9:30 am**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. A. Biscoe, M.D.	23b. ADDRESS 321 Oak Poplar Bluff Mo	23c. DATE SIGNED Nov 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-31-53	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo.
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DATE REC'D BY LOCAL REG. 11/2/53	REGISTRAR'S SIGNATURE B. H. Muehle	25. FUNERAL DIRECTOR'S SIGNATURE Phelps-Leuckel	ADDRESS Poplar Bluff
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
NOV 9 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 10-29-53

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff, 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.