

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42209**

FILED DEC 31 1953

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **55**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Wally b. (Middle) Richie c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1953	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried	8. DATE OF BIRTH Dec. 7, 1953
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Johnny Richie		13b. MOTHER'S MAIDEN NAME Flora Lee Baker	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Johnny Richie		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urticaria INTERVAL BETWEEN ONSET AND DEATH 2 Days 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. Further very ill during last trimester	
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)			
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 7 Dec, 1953 , to 9 Dec, 1953 , that I last saw the deceased alive on 9 Dec, 1953 , and that death occurred at 6:00A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carroll A. Post M.D.		23b. ADDRESS Poplar Bluff, Mo.	
23c. DATE SIGNED 21 Dec 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE L2-9-53	
24c. NAME OF CEMETERY OR CREMATORY City Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Frank Cotrell		ADDRESS Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 12/23/53		REGISTRAR'S SIGNATURE W. N. Michener	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 28 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

APR 28 1954

STATEMENT BY LICENSED EMBALMER

NOT EMBALMED

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 *4127th 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.