

STANDARD CERTIFICATE OF DEATH

State File No. **4141**
 Registrar's No. **150**

BIRTH NO. **FILED FEB 19 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

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

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY OR TOWN POPLAR BLUFF		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) 6 Days		d. STREET ADDRESS (If rural, give location) 2Miles East Malden	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors hospital			
3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) EFFIE c. (Last) TEMPLETON		4. DATE OF DEATH (Month) (Day) (Year) FEB. 9 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 10-1900
9. AGE (In years last birthday) 54		10. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Mt. Vernon, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles E. Green		13b. MOTHER'S MAIDEN NAME Mary F. Harlow	14. NAME OF HUSBAND OR WIFE Wilbur Templeton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilbur Templeton Malden, Mo. R-1
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) Cerebral embolus INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis 2 day DUE TO (c) Myocardial insufficiency 6 mo II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)		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 2-3-1954 to 2-9-1954 that I last saw the deceased alive on 2-2-1954 , and that death occurred at 9:30A m., from the causes and on the date stated above.			
23a. SIGNATURE J. J. Minette M.D. (Degree or title)		23b. ADDRESS Poplar Bluff, Mo.	
23c. DATE SIGNED 2/12/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-11-54	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Malden, Mo.	
DATE REC'D BY LOCAL REG. 2/13/54		REGISTRAR'S SIGNATURE R. J. Minette	
25. FUNERAL DIRECTOR'S SIGNATURE Day Funeral Home, Malden, Mo.		ADDRESS	

RECEIVED

FEB 15 1954

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. S. Schuman
Licensed Embalmer No. 4086
P. O. Address Menden

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.