

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4153

State File No. ....

Registrar's No. 139

BIRTH NO. FILED FEB 19 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5137

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 town) <u>Rural (Blackriver)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Blackriver</u>	
c. LENGTH OF STAY (if this place) <u>5 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Williamsville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Benjamin</u>	b. (Middle) <u>J</u>	c. (Last) <u>Laws</u>	<u>1-30-54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>ever married</u>	8. DATE OF BIRTH <u>Oct. 6-1879</u>		9. AGE (In years last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve, Mo.</u>	
13a. FATHER'S NAME <u>John Laws</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Thornby</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-----</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Frances Hogan</u> ADDRESS <u>Williamsville</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>one hour</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		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.	
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		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 Poplar Bluff, Mo. on 2-1-54, to 10:15 A.M., 1954, that I last saw the deceased alive on -----, 19-----, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John R. Longhead M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo. Phelps Leuckel Hospital</u>		23c. DATE SIGNED <u>2-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>2/9/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Phelps-Leuckel Poplar Bluff, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 L-30-J

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Phil A. Jewell

Licensed Embalmer No. 2936

P. O. Address Jay's Bluff N.

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.