

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7897

State File No.

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5143** Registrar's No. **201**

1. PLACE OF DEATH a. COUNTY Butler - Poplar Bluff		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before administration) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) R.F.D.1. Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff, R F D # 1	
c. LENGTH OF STAY (In this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print)	a. (First) ANNIE	b. (Middle) MARY	c. (Last) SWANSON	4. DATE OF DEATH (Month) (Day) (Year) February 14, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 4 August 1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	IF UNDER 2 HRS. Hours 0	IF UNDER 15 MIN. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping	10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (City and State or Foreign Country) St Charles County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Jewell	13b. MOTHER'S MAIDEN NAME Victoria Parson	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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Dewey Parson	ADDRESS Poplar Bluff, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease		
	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"/>
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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) 443X
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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 **Nov 1952** to **14 Feb, 1954**, that I last saw the deceased alive on **1 Feb, 1954**, and that death occurred at **10:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Cotrell	(Degree or title)	23b. ADDRESS 32 Oak, Poplar Bluff, Mo. 247-657	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 16 Feb 1954	24c. NAME OF CEMETERY OR CREMATORY Cane Creek Cemetery	24d. LOCATION (City, town, or county) (State) Rt 1 Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. 2/22/54	REGISTRAR'S SIGNATURE Frank Cotrell	489	25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL	ADDRESS Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

MAR 30 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 Walter R Knight

Licensed Embalmer No. _____

P. O. Address _____

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.