

FILED JUN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18087
Registrar's No. 363

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAGUS	
d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF HOSP		d. STREET ADDRESS (If rural, give location) 0120 1	
3. NAME OF DECEASED (Type or Print) a. (First) MADINE b. (Middle) BRADDISH c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAY 30 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Oct 29 1938
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	11. BIRTHPLACE (State or foreign country) ARK
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Clayton Braddish		13b. MOTHER'S MAIDEN NAME Edith Mickle	14. NAME OF HUSBAND OR WIFE none
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. no	17. INFORMANT'S SIGNATURE OR NAME Edith Mickle ADDRESS Jagers 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Burns 8 hrs 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. E9168 40	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Riverbank Park	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fagus Butler MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 30 54 2 ⁰⁰ p.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR Exploding distillate			
22. I hereby certify that I attended the deceased from May 30, 1954, to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 8:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Landon O'Brien, M.D.		23b. ADDRESS Poplar Bluff, Mo	
23c. DATE SIGNED 6-14-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 1, 1954	
24c. NAME OF CEMETERY OR CREMATORY New Hope Cem		24d. LOCATION (City, town, or county) (State) Colliard Ark.	
DATE REC'D BY LOCAL REG. 6/15/54		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd Russell Piggott, Ark.	

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

RECEIVED

JUN 21 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941 M

P. O. Address Piggott Ark

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.