

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22229**BIRTH NO. **41724-54** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **423**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>			c. LENGTH OF STAY (In this place) <b>4 days.</b>	c. CITY OR TOWN <b>Dexter</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Mitchell</b>	b. (Middle) <b>Daniel</b>	c. (Last) <b>Fralick</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 31, 1954</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>July 28, 1954</b>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>child</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Poplar Bluff, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Audry Fralick</b>			13b. MOTHER'S MAIDEN NAME <b>Helen Lucius</b>		14. NAME OF HUSBAND OR WIFE <b>child</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>XX XX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Audry Fralick Dexter, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature separation of Placenta</b> DUE TO (c) <b>Placenta Previa</b>					
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)		7615	
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 <b>7-28, 1954</b> , to <b>7-31, 1954</b> , that I last saw the deceased alive on <b>7-31, 1954</b> , and that death occurred at <b>3:54 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. H. ... M.D.</b>				23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>8-3-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8-1-54</b>	24c. NAME OF CEMETERY OR CEMATORY <b>Dexter cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>		
DATE RECD BY LOCAL REG. <b>8/4/54</b>		REGISTRAR'S SIGNATURE <b>R. H. Mitchell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Funeral Ser. Dexter, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Birth only # 860

RECEIVED  
AUG 9 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.