

No. 300  
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FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22250**  
Registrar's No. **392**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5143**

1. PLACE OF DEATH  
a. COUNTY **BUTLER**  
b. CITY (If outside corporate limits, write RURAL and give town) **POPLAR BLUFF, TWSP.**  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION **R.R. RIGHTWAY**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **BUTLER**  
c. CITY OR TOWN **St. Francis TWSP.** d. Is Residence within limits of a city or incorporated town? Yes  No   
STREET ADDRESS 4 Mi. North of Fisk, Mo. **0120**

3. NAME OF DECEASED  
a. (First) **MELVIN** b. (Middle) **WILLIAM** c. (Last) **FIELDER**  
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
**7 - 8 - 54**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**WIDOWED**

8. DATE OF BIRTH **Aug. 27, 1880**

9. AGE (In years last birthday) **73** 10. IF UNDER 1 YEAR Months **10** Days **10** Hours **10** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired Laborer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Pike county, Illinois**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Fielder**

13b. MOTHER'S MAIDEN NAME **Buchanan**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO**  
(If yes, give name of date of service)

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **C.C. Fielder** ADDRESS **Crossett, Ark.**

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) **Traumatism**  
ANTECEDENT CAUSES  
DUE TO (b) **Rail Road train**  
DUE TO (c)  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **E802X 35**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **R.R. rightway**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) **Poplar Bluff Twsp, Butler** (STATE) **MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 8, 1954 3:30 P. m.**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Hit by a rail road train**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) **Governer D. Green**  
23b. ADDRESS **Poplar Bluff Mo**

23c. DATE SIGNED **July 9-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **7-11-54**

24c. NAME OF CEMETERY OR CREMATORY **Asa Hill**

24d. LOCATION (City, town, or county) (State) **Butler, County, MO.**

DATE REC'D BY LOCAL REG. **7/14/54**

REGISTRAR'S SIGNATURE **R. H. Minter**

25. FUNERAL DIRECTOR'S SIGNATURE **J. C. White** ADDRESS **Fisk 8000**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 19 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ernest W. Green*

Licensed Embalmer No. 296

P. O. Address *Poplar Bluff*

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.