

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26395

State File No. 442
Registrar's No. 3007

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|--|--|---|---|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 43 | | PRIMARY REG. DIST. NO. 3007 | | State File No. 442 | | Registrar's No. 3007 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | | c. LENGTH OF STAY (In this place) <u>1 Day</u> | | c. CITY OR TOWN <u>Campbell</u> | | d. Is 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 <u>Poplar Bluff Hospital</u> | | | | f. STREET ADDRESS (If rural, give location) <u>Route 1</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MELBA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>BORDERS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1954</u> | | | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Jan. 7 1924</u> | | 9. AGE (In years last birthday) <u>30</u> | | IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Campbell, Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Andrew Harris</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Minnie Williams</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Dale Borders</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Husband, Dale Borders, Campbell, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia uterus with premature separation of placenta. died as result of hemorrhage</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| 19a. DATE OF OPERATION <u>7-27-54</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>above</u> | | | | 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) <u>6776</u> | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 <u>7-27</u> , 19 <u>54</u> , to <u>7-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-27</u> , 19 <u>54</u> , and that death occurred at <u>2:45 P.M.</u> from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Medin Ollerichson MD</u> | | | | 23b. ADDRESS <u>Poplar Bluff, Mo</u> | | | | 23c. DATE SIGNED <u>7-31-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 30 1954</u> | | 24c. NAME OF CEMETERY OR REMATORY <u>Bethany Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>8/20/54</u> | | REGISTRAR'S SIGNATURE <u>J. H. Mueller</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo</u> | | ADDRESS | | | | | |

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

RECEIVED
AUG 23 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 23 1954

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 _____
E. J. Anderson

Licensed Embalmer No. *228*

P. O. Address *Camp*

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.