

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26422

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 444

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Poplar Bluff

c. LENGTH OF STAY (In this place) 38 yr

d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE Missouri b. COUNTY Butler

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 617 North 8th

d. STREET ADDRESS (If rural, give location) Poplar Bluff, Mo.

3. NAME OF DECEASED (Type or Print)

a. (First) Kate b. (Middle) Anna c. (Last) Souter

4. DATE OF DEATH (Month) (Day) (Year) 8-12-54

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 23, 1877 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Wuerdeman 13b. MOTHER'S MAIDEN NAME Marie Buck 14. NAME OF HUSBAND OR WIFE L.P. Souter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Lydia Smith Poplar Bluff Mo ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation

ANTECEDENT CAUSES (b) Chronic Myocarditis

(c) _____

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Rheumatoid Arthritis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-26, 1954, to 8-12, 1954, that I last saw the deceased alive on 8-12, 1954, and that death occurred at 8 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank E. Dinelli MD 23b. ADDRESS Poplar Bluff Mo. 23c. DATE SIGNED 8-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-15-54 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. 8/28/54 REGISTRAR'S SIGNATURE [Signature] 489-0 25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch ADDRESS Poplar Bluff Mo

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

468
0

100 100

RECEIVED
AUG 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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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 this body is not embalmed, fact should be so stated above.