

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26425

BIRTH NO. _____		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	State File No. _____
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Poplar Bluff</u>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home South E. St.</u>		STREET ADDRESS (If rural, give location) <u>South E St.</u> <u>0128</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle)	c. (Last) <u>Victory</u>	
4. DATE OF DEATH <u>August 24, 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 16, 1891</u>		9. AGE (In years last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Wynn, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James Riley Victory</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Curbo</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Victory</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Victory</u> ADDRESS <u>Poplar Bluff, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Tuberculosis of Lungs + Bowels</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
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.		
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)
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>1-2</u> , 19 <u>50</u> , to <u>8-24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-23</u> , 19 <u>54</u> , and that death occurred at <u>10:00A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>W. H. Burton, M.D.</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>8-27-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Public</u>
24d. LOCATION (city, town, or county) (State) <u>Poplar Bluff, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> ADDRESS <u>Poplar Bluff, Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR (REG) <u>8/28/54</u>		REGISTRAR'S SIGNATURE <u>W. H. Burton</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____
Signature of Student Embalmer

Signed George W. Spear
Licensed Embalmer No. 296
P. O. Address Butler, Pa.

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.