

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29926

State File No. \_\_\_\_\_  
Registrar's No. 509

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH  
a. COUNTY Butler  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Alabama  
b. COUNTY  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reform  
d. STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED  
a. (First) Bridget  
b. (Middle) Haynie  
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 30, 1954

5. SEX Female  
6. COLOR OR RACE White

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

8. DATE OF BIRTH  
Sept. 21, 1878

9. AGE (In years last birthday) 76  
10. UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
11. UNDER 10 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

11. BIRTHPLACE (State or foreign country)  
Boston, Mass.

12. CITIZEN OF WHAT COUNTRY?  
U.S.

13a. FATHER'S NAME  
Jermiah Crowley

13b. MOTHER'S MAIDEN NAME  
Mary French

14. NAME OF HUSBAND OR WIFE  
Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Nell Crowley Poplar Bluff, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Heart Disease  
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.

INTERVAL BETWEEN ONSET AND DEATH

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)  
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

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 9-28, 1954, to 9-30, 1954, that I last saw the deceased alive on 9-30, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Frank E. Dwell M.D.

23b. ADDRESS  
Poplar Bluff, Mo.

23c. DATE SIGNED  
10-2-54

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

24b. DATE  
10-2-54

24c. NAME OF CEMETERY OR CREMATORY  
Reform Cem.

24d. LOCATION (City, town, or county) (State)  
Reform, Mo.

DATE REC'D BY LOCAL REG.  
10/2/54

REGISTRAR'S SIGNATURE  
W. H. Threlkell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Frank-Cotrell Poplar Bluff, Mo.

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

RECEIVED  
OCT 11 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 412 4514

P. O. Address 20414 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 this body is not embalmed, fact should be so stated above.