

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36679

State File No.

0120
3

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5143</u>		Registrar's No. <u>15</u>	
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 OR TOWN <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Rural</u> <u>0120</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bacon Pastures Poplar Bluff Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Bacon Pastures</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Calvin</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Early</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 1954</u>		
5. SEX <u>Males</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 15, 1904</u>	
9. AGE (In years last birthday) <u>50</u>		10. MONTHS <u>5</u>		11. DAYS <u>28</u>		12. IF UNDER 1 YEAR Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Earl Howard Construction Work</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Ruben Early</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Buckin</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Early</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>402-18-6586</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henrietta Lewis 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound left chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chest</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9191</u> <u>19</u>					
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Poplar Bluff</u> (COUNTY) <u>Butler</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 14 1954</u> <u>10</u> a. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>accidental discharge shot gun</u>			
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 <u>10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Glover Wheeler</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>Nov 19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-18-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bacon Pastures Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo. Rural</u>	
DATE REC'D BY LOCAL REG. <u>11/19/54</u>		REGISTRAR'S SIGNATURE <u>R. H. Murrell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>			

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

RECEIVED
NOV 22 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. 4514

P. O. Address 412 Wm 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.