

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

RECORDED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40249**  
Registrar's No. *92*

BIRTH NO. *59360-54* REG. DIST. NO. *43* PRIMARY REG. DIST. NO. *3007*

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Town Poplar Bluff, Mo.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Poplar Bluff</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <b>949 Park</b>		(If rural, give location) <b>012 7/8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rickey</b> b. (Middle) <b>Allen</b> c. (Last) <b>McBroom</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 29, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Sept. 23, 1954</b>	9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Days <b>6</b> IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Poplar Bluff, Mo.</b>	
13a. FATHER'S NAME <b>Eddie McBroom</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Hamm</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Eddie McBroom Poplar Bluff, Mo.</b> ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malaria</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Stomach</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Mongolian</b>		DUE TO (c)		
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>1/5/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-31-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Rural Poplar Bluff, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1/7/55</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank-Cotrell</b> ADDRESS <b>Poplar Bluff, Mo.</b>		

RECEIVED  
JAN 14 1955

BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.