

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff</u>	c. LENGTH OF STAY (in this place) <u>6 Days</u>	c. CITY OR TOWN <u>Kennett</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>806 North Street</u>	

3. NAME OF DECEASED (Type or Print) <u>Lena</u>	b. (Middle) _____	c. (Last) <u>Wilburn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 9-1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Dunklin County Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. Henry Sanders</u>	13b. MOTHER'S MAIDEN NAME <u>Mahalia Champ</u>	14. NAME OF HUSBAND OR WIFE <u>G.H. Wilburn</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A.B. Wilburn</u>	ADDRESS <u>Kennett Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulated umbilical hernia</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 <u>11-24-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Strangulated umbilical hernia</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 11-23-, 1954, to 11-30-, 1954, that I last saw the deceased alive on 11-30-, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter O'Brien, M.D.</u> (Degree or title)	23b. ADDRESS <u>Poplar Bluff, Missouri</u>	23c. DATE SIGNED <u>12-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>12-2-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>
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DATE REC'D BY LOCAL REG. <u>12/17/54</u>	REGISTRAR'S SIGNATURE <u>R. H. Mueller</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Gentry Swice</u>	ADDRESS <u>Kennett Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
DEC 21 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 Wallace R Knight

Licensed Embalmer No. 45  
412

P. O. Address Poplar St

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.