

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43219**
Registrar's No. **101**

FILED JAN 24 1955

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 101		
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Bernie		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 Poplar Bluff Hospital				e. STREET ADDRESS (If rural, give location) 1030				
3. NAME OF DECEASED (Type or Print) a. (First) Linda		b. (Middle) Kay		c. (Last) Parris		4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1954		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH Oct. 4, 1953		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTHPLACE (City and State or Foreign Country) Gideon, Mo;		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Paul Parris			13b. MOTHER'S MAIDEN NAME Martha Pullum		14. NAME OF HUSBAND OR WIFE			
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. X X X X X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Parris Bernie, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pneumonitis / Bronchitis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Tracheo-Bronchitis						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 500X					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) (Min.)		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 12/27, 1954 , to 12/27, 1954 , that I last saw the deceased alive on 12/27, 1954 , and that death occurred at 10:10 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Frank E. Drexler M.D.				23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED 1/10/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-29-54	24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery		24d. LOCATION (City, town, or county) (State) Bernie, Mo.			
DATE REC'D BY LOCAL REG. 1/12/55		REGISTRAR'S SIGNATURE W. H. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Dexter, Mo.				

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

24
0

RECEIVED

JAN 17 1955

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..... *Marsh Wathers*

Licensed Embalmer No. *4717*

P. O. Address *Dexter M.*

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.