

FILED MAY 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11161

State File No. ....  
Registrar's No. .... 286

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		State File No. ....		Registrar's No. .... <u>286</u>					
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Poplar Bluff</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>92%</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				STREET ADDRESS (If rural, give location) <u>901 Warren St. Poplar Bluff, Mo</u>									
3. NAME OF DECEASED (Type or Print) <u>Bertha</u>			a. (First)		b. (Middle)		c. (Last) <u>Wallis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-1955</u>				
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>Feb. 18, 1889</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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>Blue Springs, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>William Gunn</u>				13b. MOTHER'S MAIDEN NAME <u>Amanda Smith</u>			14. NAME OF HUSBAND OR WIFE <u>George Thomas Wallis</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Thomas Wallis, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cardiac Decongestion</u> <u>Auricular Fibrillation</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (c) <u>Pneumonia</u>				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 day</u> <u>10 day</u> <u>5 day</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)		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)		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 <u>26 Mar 55</u> , to <u>22 Apr 55</u> , that I last saw the deceased alive on <u>24 Apr 55</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>W. D. Bookman MD</u>				23b. ADDRESS <u>522 Oak Poplar Bluff Mo</u>				23c. DATE SIGNED <u>27 April 55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>4/30/55</u>		REGISTRAR'S SIGNATURE <u>W. D. Bookman</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greer, Croy &amp; Fitch, Poplar Bluff, Mo.</u>								

(Licensed Embalmer's Statement on Reverse Side)

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

RE.

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 4-22-55, Student Embalmer No. \_\_\_\_\_, working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Philip A. Leuchel  
Licensed Embalmer No. 29

P. O. Address Joseph R.

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.