

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14779

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>		
b. CITY OR TOWN <b>Poplar Bluff</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		
c. LENGTH OF STAY (in this place) <b>43 Yrs.</b>			d. STREET ADDRESS (If rural, give location) <b>402 Bartlett St.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>402 Bartlett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 13 1955</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>M</b>		c. (Last) <b>Mobley</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 31, 1873</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Carmi Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Johnnie Devers</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Douglas</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nettie Kimes Poplar Bluff, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		
ANTECEDENT CAUSES			DUPLICATE		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS —			DUPLICATE		
Conditions contributing to the death but not related to the disease or condition causing death.			DUPLICATE		
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 <b>5-10</b> , 19 <b>55</b> , to <b>5-13</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>5-12</b> , 19 <b>55</b> , and that death occurred at <b>8 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>W. H. Burton M.D.</b>			23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>5-19-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 14, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mole Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Broseley Mo.</b>
DATE REC'D BY LOCAL REG. <b>5/25/55</b>		REGISTRAR'S SIGNATURE <b>R. O. Mueller</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Russell Mortuary Piggott Ark.</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
MAY 31 1955

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

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MAY

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 .....  
Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941 M

P. O. Address Piggott Or

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.