

17852

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 - 1955

State File No.

BIRTH NO. 34218-55 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 388

1. PLACE OF DEATH a. COUNTY Poplar Bluff, Butler Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff,		c. CITY OR TOWN Parma, R. 1.	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		e. STREET ADDRESS (If rural, give location) 1030	
3. NAME OF DECEASED (Type or Print) a. (First) Regenia b. (Middle) Ann c. (Last) Cornelison		4. DATE OF DEATH (Month) (Day) (Year) June, 18, 55	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6.13. 1955
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) 0 Poplar Bluff, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME Alva Cornelison		13b. MOTHER'S MAIDEN NAME Velma Church	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alva XXXXX Cornelison, Parma, Mo. R.1	
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) Congenital Atelelectasis ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7625	
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 <u>6-13-1955</u> to <u>6-18-1955</u> , that I last saw the deceased alive on <u>6-18-1955</u> , and that death occurred at <u>3:20 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Merwin C. Barbours, MD		23b. ADDRESS Poplar Bluff, Mo.	
23c. DATE SIGNED 6/27/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6. 18. 1955		24c. NAME OF CEMETERY OR CREMATORY Providence ceml	
24d. LOCATION (City, town, or county) (State) Parma, Ark.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hatkins & Sons, Run. Ser. Dexter, Mo.	
DATE REC'D BY LOCAL REGISTRAR 6/28/55		REGISTRAR'S SIGNATURE G. R. Muehle	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 5 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 Was Not Embalmed, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Murch Waters

Licensed Embalmer No. 47

P. O. Address Delaware

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.