

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17880

FILED JUN 22 1955

State File No. 3007 Registrar's No. 357

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|--|---|--|---|---|---|--|---|----------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | State File No. <u>3007</u> | | Registrar's No. <u>357</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <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 checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 Bartlett</u> | | | | . STREET ADDRESS (If rural, give location) <u>502 Bartlett St.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Matt</u> b. (Middle) <u>ie</u> c. (Last) <u>Royal</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1955</u> | | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 6, 1907</u> | | 9. AGE (In years last birthday) <u>48</u> | 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) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hamburg, Miss.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>Avron Reed</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bessie Jackson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ben Royal</u> | | | | | |
| 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. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Ben Royal</u> ADDRESS <u>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, asthenia, etc. It means the disease, injury, or complication which caused death. | <p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Solar Pneumonia</u></p> <p>ANTECEDENT CAUSES <u>Cancer of stomach</u></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____</p> <p>DUE TO (c) <u>151X</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>4 Mo.</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) (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>5-7-55</u> , to <u>6-7-55</u> , that I last saw the deceased alive on <u>6-7-55</u> , and that death occurred at <u>8:30A m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. A. Burton, M.D.</u> | | | | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | | 23c. DATE SIGNED <u>6-11-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-13-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>6/14/55</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> | | ADDRESS <u>Poplar Bluff, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 20 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 *Edward J. Green*.....
Licensed Embalmer No. *229*.....
P. O. Address *Poplar Bl.*

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.