

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17882

RN-7912  
XC-2941579

State File No. ....

Registrar's No. 347

BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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>Bollinger</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Patton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>0090 /</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>JOHN</b> c. (Last) <b>SMITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 23, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 24, 1887</b>		9. AGE (In years last birthday) <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired tool maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Engineering</b>	11. BIRTHPLACE (State or foreign country) <b>Worcester, Mass.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOHN SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>MARY STANLEY</b>		14. NAME OF HUSBAND OR WIFE <b>ROSE SMITH</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>WW I</b>	17. INFORMANT'S SIGNATURE OR NAME <b>NONE</b>	ADDRESS <b>VA HOSPITAL RECORDS</b>
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Obstruction, small bowel with perforation (2) and generalized peritonitis.</b>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>570.54</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Papillary carcinoma, urinary bladder</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>12-16-54/Calculus pyelonephrosis, right 1-13-55/ Carcinoma bladder 5-19-55/Partial obstruction ileum</b>		19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec. 7, 1954**, to **May 23, 1955**, and that death occurred at **7:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>ERNEST M. TAPP, M.D., Chief Prof. Ser.</b>	23b. ADDRESS <b>VA Hospital Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>5-24-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 26, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Perryville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6/8/55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	489- FUNDING DIRECTOR'S SIGNATURE <b>Young &amp; Sons Perryville Mo</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JUN 13 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

FILED IN AIDS

VS JUL 13 1959

**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 Edward L. Young

Licensed Embalmer No. 2135

P. O. Address Permyville, Mo

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