

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 400

FILED JUL 19 1955

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		State File No.		Registrar's No. <u>400</u>	
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)				
a. COUNTY <u>Butler</u>					a. STATE <u>Missouri</u>		b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Poplar Bluff</u>)			c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY OR TOWN <u>Gideon</u>		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 <u>Poplar Bluff Hospital</u>					f. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED			a. (First) <u>George</u>		b. (Middle) <u>Matthew</u>		c. (Last) <u>Effinger</u>		
(Type or Print)			4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>29</u>		(Year) <u>1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-12-1881</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 2 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Effingham, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Matthew Effinger</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Minerva Effinger (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-10-3865</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claud Effinger</u>			ADDRESS <u>St. Louis, Missouri</u>		
18. CAUSE OF DEATH					MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leptospirosis</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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) _____				
II. OTHER SIGNIFICANT CONDITIONS					Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			4201			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>6-21</u> , 19 <u>55</u> , to <u>6-29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-29</u> , 19 <u>55</u> , and that death occurred at <u>11:15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff, Mo.</u>			23c. DATE SIGNED <u>7/9/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-1-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7/12/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			27. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Piggott, Ark.</u>			ADDRESS	

489-0 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 18 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 *Lloyd Russell* _____

Licensed Embalmer No. *509*

P. O. Address *Piggott*

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.