

FILED AUG 4 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **21303**
Registrar's No. **431**

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Campbell	
c. LENGTH OF STAY (In this place) 2 1/2 da		d. STREET ADDRESS (If rural, give location) 118 Pollock	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			

3. NAME OF DECEASED a. (First) LUCY (Type or Print)			b. (Middle) ELLEN			c. (Last) LIKE			4. DATE OF DEATH (Month) (Day) (Year) July 22, 1955		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 20, 1890		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months 9 Days 2		11. IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) New Haven, Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Steve Perkins				13b. MOTHER'S MAIDEN NAME Ellen Allen				14. NAME OF HUSBAND OR WIFE Deceased (W.C. Like)			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Elmus Like, Campbell, Missouri				ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic edema						INTERVAL BETWEEN ONSET AND DEATH 7 da	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) New Cardiac failure						7 da	
		DUE TO (c) Ch. Hypertension						7	
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 444x			
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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 **7-20, 1955**, to **7-22, 1955**, that I last saw the deceased alive on **7-22, 1955**, and that death occurred at **6:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Mueller M.D. (Degree or title)				23b. ADDRESS Poplar Bluff Mo				23c. DATE SIGNED 7/24/55			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 25, 1955		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Campbell, Missouri					
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7/30/55 J. L. Mueller				25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo				ADDRESS			
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489-0 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 2 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Christine M. Landers*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, W.*

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.