

FILED OCT 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29088**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **517**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff, Mo.	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Poplar Bluff	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 1038 Hart St.		STREET ADDRESS (If rural, give location) 1038 Hart St.	

3. NAME OF DECEASED (Type or Print) a. (First) Elbert	b. (Middle) C.	c. (Last) Fields	4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 11, 1904	9. AGE (in years last birthday) 51	IF UNDER 1 YEAR Months 6 Days 10	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) Realestate	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Leander C. Fields	13b. MOTHER'S MAIDEN NAME Mart ha A. Guess	14. NAME OF HUSBAND OR WIFE Empoe Ruth Gillard Fields
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fields	ADDRESS Poplar Bluff, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gun shot wound abdomen 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff Butler Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 21-1955 1130 a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? change from shot gun
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE Chover W. Miller Coroner	(Degree or title)	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED Sept 26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-24-55	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. 9/28/55	REGISTRAR'S SIGNATURE R. H. Munnice	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell	ADDRESS Poplar Bluff, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 3 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

OCT 27 1955

JAN 23 1956

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 Wallace R. Knight

Licensed Embalmer No. 45

P. O. Address 412 Vine
Poplar B

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.