

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32381

FILED OCT 31 1955

State File No. 557  
Registrar's No. 3007

43

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 557	
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</u>		c. LENGTH OF STAY (In this place) <u>2 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		d. STREET ADDRESS (If rural, give location) <u>Pine St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Pine St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marsie</u> b. (Middle) <u>Denise</u> c. (Last) <u>Warren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-14 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>		8. DATE OF BIRTH <u>8-10-55</u>	
9. AGE (In years last birthday) <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Mo.</u>	
12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Cornelius Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Madlock</u>		14. NAME OF HUSBAND OR WIFE <u>Baby</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. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cornelius Warren Poplar Bluff</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Sepsis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) <u>0524</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</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>12 Oct, 1955, to 14 Oct, 1955</u> that I last saw the deceased alive on <u>14 Oct, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Cyril A. Post M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>24 Oct 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-15-55</u>		24c. NAME OF CEMETERY OR CRYPTORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>North West Poplar Bluff</u>	
DATE REC'D BY LOCAL REG. <u>10/25/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Mo.</u>	

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

RECEIVED

OCT 27 1955

BUTLER CO. HEALTH CENTER

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

10/27/55  
1955

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 *Fred J. Smith*

Licensed Embalmer No. *4408*

P. O. Address *W. Keaton, Ms.*

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.