

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

**THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**32383**

**FILED OCT 21 1955**

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **549**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Butler</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>	c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY OR TOWN <b>Poplar Bluff</b>	d. Is Residence within limits of a city—incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>537 b. Henderson Ave</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Roy</b>	b. (Middle) <b>LaVerne</b>	c. (Last) <b>Wilcutt</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>10-10-55</b>
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<b>5. SEX</b> Male <input checked="" type="checkbox"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Married	<b>8. DATE OF BIRTH</b> <b>Feb. 2, 1921</b>	<b>9. AGE</b> (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Construction</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Butler Co. Mo</b>	<b>12. CITIZENSHIP</b> USA
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<b>13a. FATHER'S NAME</b> <b>T.A. Wilcutt</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Bessie Pennington</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Thelma Wilcutt</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) No	<b>16. SOCIAL SECURITY NO.</b> <b>498 16 4064</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Thelma Wilcutt</b>	<b>ADDRESS</b> <b>Poplar Bluff, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Internal hemorrhage</b>  <b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Crushed chest</b> DUE TO (c) <b>Auto accident</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Sudden</b>
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<b>19a. DATE OF OPERATION</b> none	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public highway</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE) <b>Butler Mo.</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute) <b>10-10-55</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Automobile accident</b>
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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 **8:35** m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Greer Wheeler</i> (Degree or title) <b>Coroner 2</b>	<b>23b. ADDRESS</b> <b>Poplar Bluff, Missouri</b>	<b>23c. DATE SIGNED</b> <b>Oct 13-55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>10-13-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>City Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>10/15/55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>John Wheeler</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Greer Croy &amp; Fitch</i>	<b>ADDRESS</b> <b>Poplar Bluff Mo.</b>
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RECEIVED  
OCT 17 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

OCT 27 1955

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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.....

Licensed Embalmer No. 492

P. O. Address Poplar Bluff

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.