

FILED DEC 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36108**
Registrar's No. **42**BIRTH NO. **74521-55** 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 Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN Poplar Bluff, Mo.)		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township OR TOWN Poplar Bluff, Rural)		6120
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			d. STREET ADDRESS (If rural, give location) Stringtown Comm.		
3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Simpson c. (Last) Simpson			4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 4, 1955	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months 1 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Arthur Simpson		13b. MOTHER'S MAIDEN NAME Marjorie Irene Campbell	14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Simpson Poplar Bluff, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia 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. 7630		INTERVAL BETWEEN ONSET AND DEATH
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)		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 11-4 19 55 , to 11-4 19 55 , that I last saw the deceased alive on 4-11 19 53 , and that death occurred at 6:00A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Frank E. Dinell			23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 11-15-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-5-55	24c. NAME OF CEMETERY OR CREMATORY Kerns Chapel Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. Rural		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12/8/55 REG. W. M. Muehle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Funeral Chapel			
(Licensed Embalmer's Statement on Reverse Side) Poplar Bluff, Mo.					

RECEIVED
DEC 12 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 _____

Not embalmed
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *George D. Green*

Licensed Embalmer No. *2964*

P. O. Address *Peoplar Bluff*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.