

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36114

BIRTH NO. 67816-55 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 588

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 OR TOWN Poplar Bluff
d. FULL NAME OF HOSPITAL OR INSTITUTION 1111 West Maud		e. STREET ADDRESS (If rural, give location) 1111 West Maud 01270	
3. NAME OF DECEASED (Type or Print) a. (First) Gail b. (Middle) Susan c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Sept. 30, 1955
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Days 23	10. IF UNDER 24 HRS. Hours 1 Min.
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) Fort Leonard Wood, Mo.
12. CITIZENSHIP OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Sgt. James White	
13b. MOTHER'S MAIDEN NAME Mary Laux		14. NAME OF HUSBAND OR WIFE None	
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 Mary Laux White, Poplar Bluff, Mo.		ADDRESS	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Bacterial Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Upper respiratory infection 5 to 6 days. DUE TO (c) I saw this infant once	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Infant was not brought back for examination.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 days	
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) 76 30	
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 18 Oct, 1955 to 22 Oct, 1955 , that I last saw the deceased alive on 18 Oct, 1955 and that death occurred at 2:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Cyril A. Post M.D.		23b. ADDRESS Poplar Bluff, Mo.	
23c. DATE SIGNED 24 Oct 55		24. BURNAL, CREMATION, REMOVAL (Specify)	
24b. DATE 10-24-55		24c. NAME OF CEMETERY OR CREMATORY Van Buren Cem.	
24d. LOCATION (City, town, or county) (State) Van Buren, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 11/3/55		REGISTRAR'S SIGNATURE Ray M. Muecke	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 16 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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ernest Green*

Licensed Embalmer No. *29*

P. O. Address *Poplar Bl*

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.