No. 300
10.48

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

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3958

BIRTH NO. 4976-56 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 907 Alice St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler.
c. CITY OR TOWN: Poplar Bluff
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 907 Alice St.

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3. NAME OF DECEASED (Type or Print): a. (First) Doyle b. (Middle) c. (Last) Richie
4. DATE OF DEATH (Month) (Day) (Year): 1-21-1956
5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: 1-3-1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days: 19. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: infant
11. BIRTHPLACE (City and State or Foreign Country): Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Johnnie Richie
13b. MOTHER'S MAIDEN NAME: Flora Baker
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): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Johnnie Richie ADDRESS: Poplar Bluff, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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. Prematurity — Since birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20-56, 1956, *to* 1-20, 1956, *that I last saw the deceased alive on* 1-21, 1956, *and that death occurred at* P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Norman E. Wilho (Degree or title) MD
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 30 Jan 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-23-1956
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. 2/14/56 REGISTRAR'S SIGNATURE: Ed Muetherson
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Greer Croy & Fitch Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 20 1956
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 embal

by me, or by Not Embalmed Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Ray P. Adams

Licensed Embalmer No. 492

P. O. Address Kepley Blv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.