

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5143</u>		Registrar's No. <u>184</u>	
1. PLACE OF DEATH a. COUNTY <u>B utler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Poplar Bluff, R. 3</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 3</u>				e. STREET ADDRESS (If rural, give location) <u>0120</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Red</u>			b. (Middle) <u>Love</u>			c. (Last) <u>Love</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 15, 1891</u>		9. AGE (In years, last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oak Forest, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Love</u>		13b. MOTHER'S MAIDEN NAME <u>Delia Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Rozzella Love</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes. World War 1.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rozzella Love, Wife, Poplar Bluff</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES <u>Hypertension and Paraplegia</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Wheel chair Invalid</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 yrs</u> <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334x</u>				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>2-14</u> to <u>2-17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>56</u> , and that death occurred at <u>248</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Burton, M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>2-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/23, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moroco Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo. R. 3.</u>	
DATE REC'D BY LOCAL REG. <u>2/28/56</u>		REGISTRAR'S SIGNATURE <u>B. D. Mueller</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Watkins & Sons</u>		ADDRESS <u>Ser. Dexter, Mo.</u>	

RECEIVED

MAR 6 1956
BUTLER CO. HEALTH CENTER

FILE No. _____

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956: 0 2 9081

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 *Earl N. Wetherill*

Licensed Embalmer No. *496*

P. O. Address *Dexter*

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.