

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12482**

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 275	
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 town(ship)) Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Poplar Bluff		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.				e. STREET ADDRESS (If rural, give location) 1410 North Main St.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Ellen		c. (Last) Guthrie		4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 7, 1882		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 10 Days 14	IF UNDER 24 HRS. Hour 14 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) Jonesboro, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Peter Mitchell			13b. MOTHER'S MAIDEN NAME Martha Percell		14. NAME OF HUSBAND OR WIFE Andrew J. Guthrie		
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 ADDRESS Charles Guthrie, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac Decompensation COPD Pulmonary Bronchial Asthma DUE TO Chronic Secondary Anemia				INTERVAL BETWEEN ONSET AND DEATH 2 wks. ? ? ?	
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. HOW DID INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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 April 19 55 to 21 Mar 56 , that I last saw the deceased alive on 21 Mar 1956 , and that death occurred at 1:05 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Harrison MD				23b. ADDRESS 321 Oak Poplar Bluff Mo		23c. DATE SIGNED 15 Apr 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-23-56	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		
DATE REC'D BY LOCAL REG. 4/21/56				REGISTRAR'S SIGNATURE W. H. Harrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—HAVE A PRIMARY RECORD

RECEIVED
APR 23 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 em-
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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