

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 9 1956

State File No. **12500**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **284**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a--STATE <b>Missouri</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>2yrs.</b>	c. CITY OR TOWN <b>Poplar Bluff</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>1403 Bradley St.</b> <span style="float:right">012/0</span>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b> b. (Middle) <b>Victor</b> c. (Last) <b>Senter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-1-56</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1-21-1886</b>		9. AGE (In years last birthday) <b>70</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 MRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Minister</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Golden City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Leone Corlke</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>527-12-9050</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Juanita McCord Coffyville, Ks.</b>		
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.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tobac pneumonia</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>490x</b>				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? <b>4-21-56 5-1-56</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>5-1-56</b> , 19____, and that death occurred at <b>4:30p. m.</b> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>W. H. Senter, MD</b>			23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>5-4-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-5-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>		
DATE RECD BY LOCAL REG. <b>5/4/56</b>	REGISTRAR'S SIGNATURE <b>W. H. Senter</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Greer Croy &amp; Fitch</b>		ADDRESS <b>Poplar Bluff, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
MAY 7 1956  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

MAY 29 1957

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 *Wallace N. J. [Signature]*

Licensed Embalmer No. *385*

P. O. Address *Pepper Bluff*

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.