

FILED MAY 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

15676

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 293

| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Poplar Bluff</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lucy Lee Hosp.</u> | | Length of stay in lb <u>Life</u> | d. STREET ADDRESS (If outside, give location) <u>1206 Pershing St.</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>MARTIN</u> Last <u>BRENT</u> | | | 4. DATE OF DEATH Month <u>5</u> Day <u>8</u> Year <u>56</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-3-1949</u> |
| 9. AGE (In years last birthday) <u>6</u> | | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Poplar Bluff, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>Marian J. Brent</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Martin</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT Address <u>Poplar Bluff</u> <u>Marian Brent 1206 Pershing</u> <u>Mo</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Aspiration</u> | | | <u>15 minutes</u> |
| DUE TO (c) <u>Post anesthetic vomiting</u> | | | <u>15 minutes</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fracture, simple, left radius and ulna</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Aspiration of vomiting following general anesthesia</u> | |
| 20c. TIME OF INJURY Hour <u>11:25</u> Month <u>5</u> Day <u>8</u> Year <u>56</u> p. m. <u>p.m.</u> | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital North St.</u> | 20f. CITY, TOWN, OR LOCATION <u>Poplar Bluff</u> |
| | | COUNTY <u>Butler</u> | STATE <u>Missouri</u> |
| 21. I attended the deceased from <u>5-8-56</u> to <u>5-8-56</u> and last saw <u>him</u> alive on <u>5-8-56</u> Death occurred at <u>11:40 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>A. L. May Jr</u> MD | | 22b. ADDRESS <u>Poplar Bluff, Mo.</u> | 22c. DATE SIGNED <u>5-11-56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5-12-56</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u> |
| 23d. LOCATION (City, town, or county) <u>Poplar Bluff, Mo.</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Greer Croy & Fitch Poplar Bluff, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>5/11/56</u> | 26. REGISTRAR'S SIGNATURE <u>G. D. Donahue</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 20 1958

AUG 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ray P. Adair*.....

Licensed Embalmer No. *46*.....

P. O. Address *Ray P. Adair*.....

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.