

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33248

STATE FILE NUMBER

FILED NOV 13 1956 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 533

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Poplar Bluff TOWN		Inside Limits Y <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Poplar Bluff TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brandon Hospital		Length of stay in lb 14 yrs.	d. STREET ADDRESS (If outside, give location) 995 Kinzer St.
3. NAME OF DECEASED (Type or print) First MARTHA Middle E. Last COPE			4. DATE OF DEATH 10-31-1956 Month 10 Day 31 Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-8-1862
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Enoch Swanner	
14. MOTHER'S MAIDEN NAME Maria Lucas		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. None		17. INFORMANT Mrs. Alma Tedrick Poplar Bluff, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neurocirculatory shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of the neck of right femur DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9040			INTERVAL BETWEEN ONSET AND DEATH 37 days
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.) Fall in bedroom	
20c. TIME OF INJURY 6:15 p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION Poplar Bluff		COUNTY Butler	
20f. STATE Mo.		21. I attended the deceased from 9-24-56 to 10-31-56 and last saw her/him alive on 10-31-56 Death occurred at 6:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Rose L. Stoble (Doctor or title)		22b. ADDRESS Poplar Bluff, Missouri	22c. DATE SIGNED 11-1-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-2-1956	23c. NAME OF CEMETERY OR CREMATORY Fairdealing Cemetery
23d. LOCATION (City, town, or county) Ripley County, Mo.		(State)	
24. FUNERAL DIRECTOR Greer Croy & Fitch		25. DATE RECD. BY LOCAL REG. 11/3/56	26. REGISTRAR'S SIGNATURE BH Muntevny

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

NOV 4 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 embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ray P Adams*.....
Licensed Embalmer No. 4928

P. O. Address Poplar Bluff

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