

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 - 1956

33256

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>518</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) --a. STATE <u>Mo.</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>Qulin</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ <u>012-0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Route #1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Bobbie</u>		b. (Middle) <u>Gene</u>		c. (Last) <u>James</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>19,</u>		(Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept. 6, 1941</u>		9. AGE (In years last birthday) <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Brosley, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Harmon James</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Brown</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harmon James, Brosley, Mo.</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>Skull fracture (Basal)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH				20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Poplar Bluff Butler Mo</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>128</u> <u>Butler</u> <u>Mo</u>		21d. HOW DID INJURY OCCUR? <u>Auto struck train</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>OCT 18 56 7P</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Auto struck train</u>			
22. I hereby certify that I attended the deceased from <u>10-18</u> , 19 <u>56</u> , to <u>10-19</u> , 19 <u>56</u> that I last saw the deceased alive on <u>10-18</u> , 19 <u>56</u> , and that death occurred at <u>10:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank E. Dineen M.D.</u>		23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>10/24/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Chapel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Brosley, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/26/56</u>		REGISTRAR'S SIGNATURE <u>Frank Cotrell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Cotrell Poplar Bluff, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
NOV 2 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 *Frank M. Hill*.....

Licensed Embalmer No. *5006*

P. O. Address *Boylan, Ill.*

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.