

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1956
XC-1078 86 82
REG. NO. 12579

37180
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PIGGOTT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			Length of stay in 1b 63 days		d. STREET ADDRESS 886 EAST MAIN STREET (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PETER Middle JOHN Last MEDUS			4. DATE OF DEATH Month NOVEMBER Day 16 Year 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-15-93	9. AGE (In years last birthday) 63 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY BLACKSMITH		11. BIRTHPLACE (City and state or country) BERTIE, LOUISIANA	
13. FATHER'S NAME ANNATOL MEDUS			14. MOTHER'S MAIDEN NAME MARIE BEAUDREAU		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE, ACUTE, SEVERE. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) THROMBOCYTOPENIA DUE TO (c) ACUTE MYELOGENOUS LEUKEMIA					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NARROWING OF CORONARY ARTERIES, SECONDARY TO ARTERIOSCLEROSIS 2041					19. WAS AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> - NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept. 14, 1956 to Nov. 16, 1956 Death occurred at 9:07 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) E. B. BASKETT, M.D., Chief, Medical Svc.			22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 11-16-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-17-56	23c. NAME OF CEMETERY OR CREMATORY Piggott		23d. LOCATION (City, town, or county) (State) Piggott, Arkansas
24. FUNERAL DIRECTOR Russell Mortuary Piggott, Ark		25. DATE RECD. BY LOCAL REG. 11/21/56		26. REGISTRAR'S SIGNATURE B H Mueller	

RECEIVED
NOV 27 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

NOV 28 1956

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 Me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leroy J. Tyler.....
Licensed Embalmer No. 449.....

P. O. Address Piggott.....

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.