

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

439

STATE FILE NUMBER

FILED JAN 31 1957

Registration District No. 43 Primary Registration District No. 5136 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Twin Springs Comm. Township		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c. CITY OR TOWN Poplar Bluff,		Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #5				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Route #5	
3. NAME OF DECEASED (Type or print) First Robert Middle Edgar Last Harris				4. DATE OF DEATH Jan. 19, 1957			
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 April 26, 1920	
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months 0 Days 12 Hours 0 Min.		IF UNDER 24 HRS. Hours 0 Min.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard				10b. KIND OF BUSINESS OR INDUSTRY VA Hosp.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Pauline Carter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 11		16. SOCIAL SECURITY NO. 489-14-2624		17. INFORMANT Mrs. Robert Harris, 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) Asphyxiation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Drowning DUE TO (c) 9291							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) 42							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) at an attempt rescue on a frozen farm pond					
20c. TIME OF INJURY 3:45 p. m. 1-19-57		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.) farm		20f. CITY, TOWN, OR LOCATION Poplar Bluff, Mo.		COUNTY Butler		STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:45 p. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Grover W. Greer, Coroner				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 1-23-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-22-57		23c. NAME OF CEMETERY OR CREMATORY Memorial Gar dens		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.				ADDRESS 1/24/57		25. DATE RECD. BY LOCAL REG. 1/24/57	
26. REGISTRAR'S SIGNATURE R.H. Muehle							

(Licensed Embalmer's Statement on Reverse Side)

Health, Public Service

100-56

Director, coroner, etc. must use only Standard Mortuary Certificate of Death. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
JAN 28 1957

BUTLER CO. HEALTH CENTER:

FILE No. _____

JAN 31 1957

FEB 28 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 *Francis M Hill*

Licensed Embalmer No. *50*

P. O. Address *Proctor, N.Y.*

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.