

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

447

FILED JAN 31 1957

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dupkln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Township		c. CITY OR TOWN Kennett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Goodwill Rest Home		d. STREET ADDRESS (If outside, give location) 406 Carey St.	
Length of stay in 1b 3 months		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MARTHA WEBB O'BRYANT			4. DATE OF DEATH 1-22-1957		
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 Sept. 28, 1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Obion, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME R. C. Moultrie			14. MOTHER'S MAIDEN NAME Frances Wilson		
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 Address James O'Bryant St. Louis, 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) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Renal Failure & Uremia	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		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 Hour <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>		
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 _____ to _____ and last saw her/him alive on _____
Death occurred at **12:10a** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Margaret E. Barber MD	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 1/23/57
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-23-57	23c. NAME OF CEMETERY OR CREMATORY Kennett, Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 1/23/57	26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

300-56

Health Welfare Public Service

RECEIVED

JAN 28 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 31 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 Ray P Adams

Licensed Embalmer No. 491

P. O. Address Butler, Pa.

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.