

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3891

FILED FEB 25 1957

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 160

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, give TOWNSHIP only) OR TOWN <u>Poplar Bluff Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Poplar Bluff 0120</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bacon Pastures</u>			Length of stay in lb		d. STREET ADDRESS <u>Route # 5</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Calvin</u> Middle <u></u> Last <u>Earl</u>				4. DATE OF DEATH <u>Feb 5, 1957</u> Month <u>Feb</u> Day <u>5</u> Year <u>1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 6, 1944</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Months <u></u> Days <u></u> Hours <u></u> Min. <u></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 country) <u>Love Joy, Ill. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Frank Earl</u>				14. MOTHER'S MAIDEN NAME <u>Callie Rite</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 <u>Frank Earl, Poplar Bluff, Mo.</u> 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) <u>Internal Hemorrhage Thoracic Cavity, Right</u> DUE TO (b) <u>gun shot wound</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							19. INTERVAL BETWEEN ONSET AND DEATH <u>981X</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>shot with a shot gun</u>		
20c. TIME OF INJURY <u>3:30 p. m.</u>		Hour <u></u> Month, Day, Year <u>Feb. 5 - 1957</u>						
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.) <u>Country road</u>		20f. CITY, TOWN, OR LOCATION <u>Poplar Bluff Twp.</u>		COUNTY <u>Butler</u> STATE <u>Mo</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Grover W. Greer Coroner</u>				22b. ADDRESS <u>Poplar Bluff Mo</u>		22c. DATE SIGNED <u>Feb 6 - 57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-10-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Light Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Butler County, Mo.</u>			
24. FUNERAL DIRECTOR <u>Frank Cotrell Poplar Bluff, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2/12/57</u>		
				26. REGISTRAR'S SIGNATURE <u>[Signature]</u>				

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

FEB 18 1957  
BUTLER CO. HEALTH CENTER

CPA No. \_\_\_\_\_

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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. *500*

P. *Joseph Bluff*

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.