

Health, Welfare, Public Service

300
1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3897

FILED MAR 28 1957

STATE FILE NUMBER 191

Registration District No. 43 Primary Registration District No. 5135 Registrar's No.

1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before death, if different) a. STATE MO b. COUNTY BUTLER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ASH HILL Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN BROSELEY 0120		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION 4 mi. E. of BROSELEY 1 YR.				d. STREET ADDRESS (If outside, give location) 4 mi. E. of BROSELEY Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) CORNELIOUS OSCAR PRESSON				4. DATE OF DEATH 2-8-57			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 21-1877	
9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) TENN. 1	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME JIMMIE PRESSON			
14. MOTHER'S MAIDEN NAME ? SMITH				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.				17. INFORMANT Les Presson - Broseley, 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) Hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocarditis chronic 10 yrs. DUE TO (c) arteriosclerosis 15 yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
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.) 2.	
20c. TIME OF INJURY Hour Month, Day, Year 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 1 June 56, to 8 Feb 57 and last saw her/him alive on 27 Feb 57. Death occurred at 4 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Cyril G. Post M.D.				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 11 Feb 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-10-57		23c. NAME OF CEMETERY OR CREMATORY MOLE HILL		23d. LOCATION (City, town, or county) BUTLER COUNTY, MO. (State)	
24. FUNERAL DIRECTOR J. C. White - Fisk, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 2/25/57		26. REGISTRAR'S SIGNATURE R. H. Muehle	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

89-0

(Licensed Embalmer's Statement of Reverse Side)

RECEIVED
MAR 4 1957

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 *Raymond L. Ruffin* _____

Licensed Embalmer No. *479*

P. O. Address *Bernie,*

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.