

FILED MAY 29 1957

STANDARD CERTIFICATE OF DEATH

16341

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Poplar Bluff TOWN Poplar Bluff, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Neelyville, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Length of stay in lb 1 day	d. STREET ADDRESS Box 388 (If outside, give location) -Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Ernest Young			4. DATE OF DEATH Month May Day 23 Year 1957		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/17/95		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) McGroy, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unk			14. MOTHER'S MAIDEN NAME unk		
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 Wife		

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		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	
	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 _____ 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 **7:30 PM 5/23/57** to **7:40 pm 5/23/57** last saw her/him alive on **5/23/57**
Death occurred at **7:40 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. **Ernest M. Tapp** (Degree or title) 22b. ADDRESS _____ 22c. DATE SIGNED **5/23/57**

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-27-57	23c. NAME OF CEMETERY OR CREMATORY City Cem.	23d. LOCATION (City, town, or county) Poplar Bluff, Mo.	(State) _____
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 5/25/57	26. REGISTRAR'S SIGNATURE R.H. Mueller	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare & Public Service

300 1-56

All symptoms will be listed. All 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

MEDICAL CERTIFICATION

89 - 0

RECEIVED

MAY 27 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 emb

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Frank M. Hill*

Licensed Embalmer No. *506*

Poplar Bluff, Mo.
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.