

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16348

FILED JUN 13 1957

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5144 Registrar's No. 385

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 Poplar Bluff St Francis TWP.		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS 307 Henry	
3. NAME OF DECEASED (Type or print) Donnie Metz		4. DATE OF DEATH May 30, 1957	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> Child		8. DATE OF BIRTH Dec. 24, 1946	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY At School	
10a. USUAL OCCUPATION		11. BIRTHPLACE (City and state or country) Poplar Bluff Mo.	
13. FATHER'S NAME Don Metz		14. MOTHER'S MAIDEN NAME JoAnn Huffman	
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.	
17. INFORMANT JoAnn Melton		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) Asphyxiation due to drowning		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		850x	
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"/>	
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.) a boat capsized throwing him into the lake	
20c. TIME OF INJURY 2:40 p.m. Hour 5-30, 57 Month, Day, Year		012	
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, etc.) Wappapello Lake	
20f. CITY, TOWN, OR LOCATION Butler		COUNTY Mo. STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:40 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Graves W. Greer Coroner		22b. ADDRESS Poplar Bluff Mo.	
22c. DATE SIGNED 6-4-57			
23a. BURIAL (CREMATION) Buried		23b. DATE June 2-57	
23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens		23d. LOCATION (City, town, or county) (State) Poplar Bluff Mo	
24. FUNERAL DIRECTOR Frank - Cotrell		25. DATE RECD. BY LOCAL REG. 6/8/57	
ADDRESS Poplar Bluff		26. REGISTRAR'S SIGNATURE Beumer	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

489

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 11 1967

BUTLER CO. HEALTH CENTER

FILE No. _____

1961 ST N10075

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 *Grove W. Green*

Licensed Embalmer No. *29*

P. O. Address *Poplar St*

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.