

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20236
STATE FILE NUMBER
Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 426

FILED JUL 11 1957

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 TOWN Poplar Bluff		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee		d. STREET ADDRESS (If outside, give location) Nov 28 fell	

3. NAME OF DECEASED (Type or print) Fannie Sliger			4. DATE OF DEATH June 6 57		
5. SEX F		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH Nov-18-1877		9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Butler Co Missouri		12. CITIZEN OF WHAT COUNTRY? United State		13. FATHER'S NAME William Henley	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Eli Sliger, Poplar Bluff, 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) UREMIA		INTERVAL BETWEEN ONSET AND DEATH 3 months	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) NEPHROSCLEROSIS		YEARS	
		DUE TO (c) GENERALIZED ARTERIOSCLEROSIS		YEARS	
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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.) 4200			
20c. TIME OF INJURY		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		20g. COUNTY STATE	

21. I attended the deceased from Jan 1953 to June 57 and last saw her alive on June 57 Death occurred at 12 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Norman E. Willis MD			22b. ADDRESS Poplar Bluff Mo.		22c. DATE SIGNED 27 June 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-8-57	23c. NAME OF CEMETERY OR CREMATORY Three Springs		23d. LOCATION (City, town, or county) (State) Poplar Bluff Mo.	
24. FUNERAL DIRECTOR R Frank-Cotrell Poplar Bluff Mo			25. DATE RECD. BY LOCAL REG 7/6/57		26. REGISTRAR'S SIGNATURE R. M. ...	

(Licensed Embalmer's Statement on Reverse Side)

300 -56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 All symptoms were as stated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were as stated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED

JUL 6 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.