

FILED AUG 22 1957

STANDARD CERTIFICATE OF DEATH

57 0 27 60 8

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 497

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. (If institution: Residence before admission))			
a. COUNTY Butler		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		a. STATE Mo.		b. COUNTY Butler	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		Length of stay in 1b		c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Jennie R. Fields				4. DATE OF DEATH Month Day Year July 26, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 6, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper Editor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Phillip H. Jones				14. MOTHER'S MAIDEN NAME Maria Winfield			
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. 489-28-8711		17. INFORMANT Address Mrs. Geo. M. Fields, Bay City, Mich.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound in head</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							9190
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)							19
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							0
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.) <i>Was found with this wound in head</i>				
20c. TIME OF INJURY Hour a. m. p. m. <i>7-9 a.m.</i>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>				
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.) <i>at home</i>		20f. CITY, TOWN, OR LOCATION Poplar Bluff, Mo.		
20g. COUNTY Butler			20h. STATE Mo.				
21. I attended the deceased from <i>7-9-57</i> to <i>7-26-57</i> and last saw her alive on <i>7-26-57</i> Death occurred at <i>6:10 p.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Date or title) <i>M. H. H. M. D.</i>				22b. ADDRESS <i>Poplar Bluff, Mo.</i>		22c. DATE SIGNED <i>7-30-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		7-28-57		Black Rock Cem.		Black Rock, Ark.	
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.				25. DATE RECD. BY LOCAL REG. <i>8/14/57</i>		26. REGISTRAR'S SIGNATURE <i>W. A. Muehle</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

AUG 22 1957

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 _____
Glover W. Green

Licensed Embalmer No. *29*

P. O. Address *Poplar*

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.