

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1957

'57 0 27 6 37
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 529

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, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Harviell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hosp.		Length of stay in 1b	d. STREET ADDRESS Route #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Edith Iona Warbington			4. DATE OF DEATH Aug. 16, 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 Feb. 26, 1886	9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME J.G.Fouts			14. MOTHER'S MAIDEN NAME Martha Malone		
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 Address Mrs. Herbert Lamkin, 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) Coronary Occlusion, Acute.					INTERVAL BETWEEN ONSET AND DEATH 8 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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"/> 2
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 _____ 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 6-23-57 to 8-16-57 and last saw her him alive on 8-16-57 Death occurred at 3:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Edith Iona Warbington</i> (Type or print)			22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 8-23-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-20-57	23c. NAME OF CEMETERY OR CREMATORY Kinzey Cem.		23d. LOCATION (City, town, or county) (State) Butler County, Mo.
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell, Poplar Bluff, Mo.			25. DATE REC'D BY LOCAL REG. 8/23/57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

RECEIVED
SEP 3 - 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

SEP
6 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 *Charles E. Mung* _____

Licensed Embalmer No. *48*

P. O. Address *Poplar B*

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.