

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30984**  
Registrar's No. **578**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

**FILED OCT 10 1957**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>days</b>	c. CITY OR TOWN <b>Puxico</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>POPULAR BLUFF HOSP</b>			e. STREET ADDRESS (If rural, give location) <b>Route # 2 103<sup>rd</sup></b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNIE</b> b. (Middle) <b>V.</b> c. (Last) <b>MC PHEETERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 21, 1957</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>April 12, 1867</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>9</b>
IF UNDER 24 HRS. Hour <b></b> Min. <b></b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Near Bloomfield, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Kelley</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <b></b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>J S McPheeters</b> ADDRESS <b>Puxico</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>arterio-sclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>DUE TO (c)</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>9-19-</b> , 19 <b>57</b> , to <b>9-21</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>9-21</b> , 19 <b>57</b> , and that death occurred at <b>2 P.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>J S McPheeters</b> (Name or title)			23b. ADDRESS <b>Poplar Bluff, Mo</b>		23c. DATE SIGNED <b>9-26-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 21-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>		
DATE REC'D BY LOCAL REG. <b>9/30/57</b>		REGISTRAR'S SIGNATURE <b>J S McPheeters</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CHILES UND. CO. BLOOMFIELD, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

OCT 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, & by Lulu Cooper # 3499....., ~~Student Embalmer~~ No. ....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed Ivan B. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, M.....

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