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MEDICAL CERTIFICATION

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED OCT 10 1957

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 575

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 Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Poplar Bluff
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy 53		Length of stay in lb 37 yrs.	d. STREET ADDRESS (If outside, give location) RR # 4
3. NAME OF DECEASED (Type or print) First IUELLA Middle Last MANSFIELD		4. DATE OF DEATH Month Sept Day 26 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-7-1887
9. AGE (In years less birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF HUSBAND OR WIFE John Mansfield	
13a. FATHER'S NAME John Carter		13b. MOTHER'S MAIDEN NAME Sally Blackadams	
14. NAME OF HUSBAND OR WIFE John Mansfield		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address John Mansfield, 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) Broken neck and internal hemorrhage			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple injuries			
DUE TO (c) _____			8124
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 25			
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). Hit by auto on public highway 012		
20c. TIME OF INJURY Hour Month, Day, Year 8:00 PM 9-26-57			
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.) State Hwy. 53		20f. CITY, TOWN, OR LOCATION COUNTY STATE Butler County, Missouri
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 8:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chover W. Peeler Coroner 3		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 9-30-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-29-57	23c. NAME OF CEMETERY OR CREMATORY Black Creek	23d. LOCATION (City, town, or county) (State) Butler Co. Missouri
24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 10/1/57	26. REGISTRAR'S SIGNATURE [Signature]

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, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray J. Adams

Licensed Embalmer No. 4928

P. O. Address Staples Bluff

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.