

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34976

STATE FILE NUMBER

FILED OCT 21 1957

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 592

300
1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Winona
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pop. Bluff Hpt.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)

3. NAME OF DECEASED (Type or print) First Middle Last Della Mae Jones			4. DATE OF DEATH Month Day Year Sept. 9, 1957		
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5. SEX F.	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 March 16, 1881	9. AGE (In years) 76 16th birthday	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Reynolds Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Mills	13b. MOTHER'S MAIDEN NAME Demarcus	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Jerry J. Presley, Winona, Missouri Address
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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 Heart Disease DUE TO (b) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from Death occurred at 5:13 a.m. 9-5-57 to 9-9-57 and last saw her alive on 9-9-57 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. E. Steville, M.D. (Degree or title)	22b. ADDRESS Poplar Bluff, Mo	22c. DATE SIGNED 10-16-57
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23a. BURIAL, CREMATION, REMOVAL OR DISPOSAL Removal	23b. DATE 9/9/57	23c. NAME OF CEMETERY OR CREMATOR Pleasant Site	23d. LOCATION (City, town or county) (State) Poplar Bluff, Missouri
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24. FUNERAL DIRECTOR Frank Cotrell, Pop. Bluff., Mo.	25. DATE RECD. BY LOCAL REG. 10/17/57	26. REGISTRAR'S SIGNATURE G. E. Steville
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

embalmer, etc., must use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 21 1957

RECEIVED
10/18/57
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 Frank M. Hill

Licensed Embalmer No. 5006

P. O. Address Poplar Bluff, Mo.

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.