FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004628
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 249

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1612 N. Main St. — Length of stay in 1b: 13 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1612 N. Main St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First HESTER Middle ANN Last LOENNEKE
4. DATE OF DEATH Month Feb. Day 11 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Sept. 22 1870
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months Days — 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 Housework
11. BIRTHPLACE (City and state or country) Mo. Cape Girardeau
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Smith
14. MOTHER'S MAIDEN NAME Virginia Bast
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. None
17. INFORMANT Perry Jones — Address 1612 N. Main Poplar Bluff, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 9040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) .21 Fractures Rt hip
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell in Bedroom
20c. TIME OF INJURY Hour a. m. p. m. — Month, Day, Year 10 Dec 57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION 126 COUNTY STATE
21. I attended the deceased from 13 Nov 57 to 11 Feb and last saw her alive on 9 Feb
Death occurred at 9:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) MD
22b. ADDRESS 324 Pine St. Poplar Bluff Mo
22c. DATE SIGNED 2-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/13/1958
23c. NAME OF CEMETERY OR CREMATORY Russell Heights
23d. LOCATION (City, town, or county) (State) Jackson, Mo.
24. FUNERAL DIRECTOR McCombs Funeral Home — ADDRESS Jackson, Mo.
25. DATE RECD. BY LOCAL REG. 3/8/58
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
MAR 10 1958
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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Murph

Licensed Embalmer No. 48

P. O. Address .....

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