

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004640

STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 184

300
-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Dexter	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital		d. STREET ADDRESS (If outside, give location) East Stoddard	
3. NAME OF DECEASED (Type or print) First Middle Last Chester V. Arthur Reburn		4. DATE OF DEATH Month Day Year Feb. 10, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 10, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Hardware Store	11. BIRTHPLACE (City and state or country) Morganfield, Ky.
13a. FATHER'S NAME Andrew Reburn		13b. MOTHER'S MAIDEN NAME Dora Pippins	14. NAME OF HUSBAND OR WIFE None
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. 490-01-9390	17. INFORMANT Address H. W. Kerstner Jr., Dexter, 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) Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
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 Month, Day, Year 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 1/6/58 to 1/10/58 and last saw her/him alive on 1/10/58 Death occurred at 1:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. W. Minkette Sr., M.D.</i>		22b. ADDRESS 330 N. 2nd St.-Poplar Bluff, Mo.	
22c. DATE SIGNED 2/14/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-12-58	23c. NAME OF CEMETERY OR CREMATORY Dexter	23d. LOCATION (City, town, or county) (State) Dexter, Missouri
24. FUNERAL DIRECTOR Strickland-Rainey		ADDRESS Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 2/18/58
		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

FEB 17 1958

FEB 17 1958
BUTLER CO. HEALTH CENTER

FILE No. _____

FEB 26 1958

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 *Lucille Rainey*

Licensed Embalmer No. *4983*

P. O. Address *Butler*

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.