FILED MAY 1 1958
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REG.# 16287

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-013380
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) POPLAR BLUFF — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADM.HOSPITAL — Length of stay in 1b 7 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1110
a. STATE MISSOURI b. COUNTY WAYNE
c. CITY OR TOWN WILLIAMSVILLE — Inside Limits Yes [ ] No [X] 0
d. STREET ADDRESS (If outside, give location) ROUTE TWO — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIE Last BLACK
4. DATE OF DEATH Month APRIL Day 23, Year 1958
5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]
8. DATE OF BIRTH 1-31-96
9. AGE (In years last birthday) 62 — 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) TIMBER LABORER
10b. KIND OF BUSINESS OR INDUSTRY LUMBER
11. BIRTHPLACE (City and state or country) GREENUP, ILLINOIS 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE NOT APPLICABLE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT VA HOSPITAL RECORDS Address 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) Meningo encephalitis, viral, not further specified — INTERVAL BETWEEN ONSET AND DEATH 21 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 0823
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bronchial pneumonia, terminal
19. WAS AUTOPSY PERFORMED? YES YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from Apr. 16, 1958, to Apr. 23, 1958 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Death occurred at 1:26 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James C. Williams (Degree or title) C
JAMES C. WILLIAMS, M.D.,
22b. ADDRESS VAH, POPLAR BLUFF, MO.
22c. DATE SIGNED 4/23/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-25-58
23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.
23d. LOCATION (City, town, or county) (State) Butler County, Mo.

24. FUNERAL DIRECTOR Frank-Cotrell ADDRESS Poplar Bluff, Mo.
25. DATE REC'D. BY LOCAL REG. 4/26/58
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED

APR 29 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 embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bl

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.