

100 W. M. Harrickson

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021090
STATE FILE NUMBER

FILED JUN 17 1958
Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY OR TOWN <u>POPPIAR BLUFF</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>DONIPHAN</u> <u>09-1-0</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>POPPIAR BLUFF HOSP</u> Length of stay in lb <u>3 days</u>		d. STREET ADDRESS (If outside, give location) <u>DONIPHAN, MO.</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First BEULAH Middle MAC Last GORE

4. DATE OF DEATH Month 5 Day 29 Year 58

5. SEX FEMALE 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED 3 DIVORCED

8. DATE OF BIRTH 4-11-09 9. AGE (In years last birthday) 49 10. FUNDER 1 YEAR IF UNDER 24 HRS. Months 4 Days 1 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) RIPLEY COUNTY, MO 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Robinson 13b. MOTHER'S MAIDEN NAME TISHUE LUCAS 14. NAME OF HUSBAND OR WIFE George Gore

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. - 17. INFORMANT BEN ROBINSON Address DONIPHAN MO

18. CAUSE OF DEATH (Enter only one cause per line, or (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Stomach Asthenia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Not known
DUE TO (c) 241X
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 NO

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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. J. Harrickson (Degree or title) _____ 22b. ADDRESS Poppiar Bluff, Mo 22c. DATE SIGNED 6-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 6-1-58 23c. NAME OF CEMETERY OR CREMATORY STANFIELD CEMETERY 23d. LOCATION (City, town, or county) (State) CLARK TOW. MO.

24. FUNERAL DIRECTOR Edwards Funeral Home ADDRESS DONIPHAN MO 25. DATE RECD. BY LOCAL REG. 6/7/58 26. REGISTRAR'S SIGNATURE W. J. Harrickson

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE All diseases in Part I must be causally related.

RECEIVED

JUN 8 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 *Gene Parent*

Licensed Embalmer No. *4809*

P. O. Address *Naylor, 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.