

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024722

STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 464

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>PHILADELPHIA</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ROLLA</u> <u>08190</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>Doctor Hospital</u>			Length of stay in 1b <u>27 days</u>		d. STREET ADDRESS (If outside, give location) <u>1018 H. WAY 72 So.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>LAURA</u> Middle <u>BETHULA</u> Last <u>Findley</u>				4. DATE OF DEATH Month <u>July</u> Day <u>16</u> Year <u>1958</u>									
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 20, 1918</u>		9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u>00</u> Days <u>00</u> Hours <u>00</u> Min. <u>00</u>		IF UNDER 24 HRS. Hours <u>00</u> Min. <u>00</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>				11. BIRTHPLACE (City and state or country) <u>Puxico, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13. FATHER'S NAME <u>Fred Simpson</u>						14. MOTHER'S MAIDEN NAME <u>AGNES LAY</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Ferial Findley</u> Address <u>1018 H. WAY 70 So ROLLA MO</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinomatosis.</u> DUE TO (c) <u>Carcinoma Cervix</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>?</u> <u>3 yrs</u>			
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 <u>5:35</u> Month, Day, Year <u>June 18, 1958</u> a. m. <u>A</u> 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 <u>June 18, 1958</u> to <u>July 16, 58</u> and last saw her <u>alive</u> on <u>July 15, 1958</u> Death occurred at <u>5:35 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>J. L. Wheeler M.D.</u> (Deputy or title)						22b. ADDRESS <u>Poplar Bluff Mo</u>			22c. DATE SIGNED <u>7/25/58</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-18-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Puxico Cemetery</u>			23d. LOCATION (City, town, or county) <u>Puxico</u>			(State) <u>MO.</u>			
24. FUNERAL DIRECTOR <u>McSpadden</u> ADDRESS <u>VAN BUREN, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>7/26/58</u>		26. REGISTRAR'S SIGNATURE <u>J. L. Wheeler</u>							

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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..... *Allen C. McQueen*

Licensed Embalmer No. *439*

P. O. Address *Via B...*

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