

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031900  
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 43 Primary Registration District No. Registrar's No. 577

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPULAR BLUFF</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>NEELYVILLE</b> 01 20 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Drs. Hospital</b>		Length of stay in 1b <b>15 HOURS</b>	d. STREET ADDRESS (If inside, give location) <b>Hiway #67</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>JUDY KAY CREAM</b>			4. DATE OF DEATH Month Day Year <b>Sept. 19-1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 15-1950</b>		9. AGE (In years last birthday) <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <b>STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GRADE SCHOOL</b>	11. BIRTHPLACE (City and state or country) <b>POPULAR BLUFF-Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>CONNIE LEE CREAM</b>		13b. MOTHER'S MAIDEN NAME <b>GERALDINE MAGRUDER</b>		14. NAME OF HUSBAND OR WIFE <b>NEVER MARRIED</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>CONNIE CREAM - NEELYVILLE-Mo.</b>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>2°-3°-+4° Burns of 80% of Body Surface</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16-17 hours</b>
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"/>

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 <b>D12</b>	COUNTY	STATE
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21. I attended the deceased from **9-18-58** to **9-19-58** and last saw her alive on **9-19-58**  
Death occurred at **10:20 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title) <b>Arthur C. Parker M.D.</b>	22b. ADDRESS <b>621 Pine Boulevard Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>9-26-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-21-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>KINSEY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>Butler Co. - Missouri</b>
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24. FUNERAL DIRECTOR <b>Edwards-Parrent-Naylor Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10/4/58</b>	26. REGISTRAR'S SIGNATURE <b>Drumtree</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.  
If any disease is not causally related to the death, its name and description must be listed in Part II.

RECEIVED

10/7/58

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 W Parrent

Licensed Embalmer No. 4809

P. O. Address Naylor, W

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.