

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031922  
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 43 Primary Registration District No. Registrar's No. 562

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Bloomfield</b> 1030 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctors Hosp.</b>		d. STREET ADDRESS <b>Route</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <b>7 days</b>			

3. NAME OF DECEASED (Type or print) <b>HOMER LESLIE RAZER</b>			4. DATE OF DEATH <b>Sept. 17, 1958</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <b>Oct. 27-1883</b>		
9. AGE (In years birthday) <b>74</b>			IF UNDER 1 YEAR Month <b>10</b> Day <b>20</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>crop farming</b>		11. BIRTHPLACE (City and state or country) <b>Bradford, Ark.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>			13. FATHER'S NAME <b>Samuel Razer</b>		
14. MOTHER'S MAIDEN NAME <b>Susan J. Welty</b>			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>488 24 9271</b>			17. INFORMANT Address <b>Mrs. Addie Razer, Bloomfield, Mo.</b>		

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>Asphyxiation</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cardiac failure</b>	
	DUE TO (c) <b>Cerebral hemorrhage 331X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>Severe hypertension and arteriosclerosis</b>		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 <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>		
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 <b>9-11-58</b> to <b>9-17-58</b> Death occurred at <b>7:40 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>[Signature]</b> (Degree or title)	22b. ADDRESS <b>Poplar Bluff, Mo.</b>
22c. DATE SIGNED <b>9-17-58</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 19-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Stoddard Co. Missouri</b>
24. FUNERAL DIRECTOR <b>CHILES UND. CO., BLOOMFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9/27/58</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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MEDICAL CERTIFICATION

