t. Health,
, & Welfare
S. Public
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S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031927
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 413 Primary Registration District No. — Registrar's No. 553

1. PLACE OF DEATH a. COUNTY Butler b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. — Inside Limits Yes # No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 25yrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler c. CITY OR TOWN Poplar Bluff 6124 0 — Inside Limits Yes # No ☐ d. STREET ADDRESS 517 Harper (If outside, give location) — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print)	First: Cora	Middle: Purdy	Last: Sims	4. DATE OF DEATH	Month Day Year: 9/6/1958
5. SEX: Female	6. COLOR OR RACE: Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED # DIVORCED ☐	8. DATE OF BIRTH: 2/24/1882	9. AGE (In years last birthday): 75	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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (City and state or country): Tennssee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Peter Purdy	13b. MOTHER'S MAIDEN NAME: Eliza Slater	14. NAME OF HUSBAND OR WIFE: Deceased			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 500-16-6395	17. INFORMANT: Mrs. Dora Pool	Address: L.A. California.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Vascular Thrombosis	1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	years
DUE TO (c)	Essential Hypertension	years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332 X

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 October 1957, to Death and last saw her/him alive on Sept 4, 1958. Death occurred at 1:15 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Norman E. Willis MD (Degree or title)

22b. ADDRESS: Poplar Bluff Mo

22c. DATE SIGNED: 12 Sept 58

23a. BURIAL, CREMATION, REMOVAL (Specify):

23b. DATE: 9/9/1958

23c. NAME OF CEMETERY OR CREMATORY: City

23d. LOCATION (City, town, or county) (State): Poplar Bluff, Missouri.

24. FUNERAL DIRECTOR: Peoples Funeral Home, Poplar Bluff, Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG.: 9/27/58

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

RECEIVED
OCT 3 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 Fred L. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston 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.