

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035640

Filed OCT 24 1958

C-20705483

STATE FILE NUMBER

REG. #17052

Registration District No. 43

Primary Registration District No. 3.007

Registrar's No. 601

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY PEMISCOT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN CARUTHERSVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in 1b 24 DAYS	
3. NAME OF DECEASED (Type or print) First HENRY Middle LEE Last TRAMBLE		4. DATE OF DEATH Month SEPTEMBER Day 21 Year 1958	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-20-25
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		9b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	9c. BIRTHPLACE (City and state or country) YAZOO CITY, MISS.
10a. FATHER'S NAME AMOS EFFINGER		10b. MOTHER'S MAIDEN NAME MARY TRAMBLE	10c. NAME OF HUSBAND OR WIFE MILDRED TRAMBLE
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWII		11b. SOCIAL SECURITY NO. UNKNOWN	11c. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RENAL AZOTEMIA. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GLOMERULONEPHRITIS, CHRONIC, TERMINAL. DUE TO (c) 592X			12. INTERVAL BETWEEN ONSET AND DEATH 9 Months. Unknown.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ANEMIA, SECONDARY, SEVERE.			13. 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 <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 Aug. 28, 1958 to Sept. 21, 1958 Death occurred at 7:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert S. Cohen (Degree or title) Chief, Med. Svc.		22b. ADDRESS VA HOSP., POPLAR BLUFF, MO.	
22c. DATE SIGNED 9/21/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-28-58	23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge	23d. LOCATION (City, town, or county) (State) Caruthersville MO.
24. FUNERAL DIRECTOR L. J. Smith ADDRESS Hayti, Mo	25. DATE RECD. BY LOCAL REG. 10/17/58	26. REGISTRAR'S SIGNATURE R. M. ...	

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OCT 22 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 *[Signature]*

Licensed Embalmer No. *2627*

P. O. Address *[Signature]*

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.