Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004674
STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in Institution: 33yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff, Mo — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1107 Alice — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Pearl Middle: Last: Smith
4. DATE OF DEATH Month: Feb. Day: 12 Year: 1959.
5. SEX female
6. COLOR OR RACE negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 8, 18 1889
9. AGE (In years last birthday) 69 — 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) housework
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Woodruff Cty. Ark
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George westmorland
13b. MOTHER'S MAIDEN NAME Aldine Niel
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.
17. INFORMANT Mary Ella Massey, Detroit, Mich. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Toxic myocarditis, — 5 days
DUE TO (c) Cellulitis of back and buttocks — 10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Arthritis from Aug 1956. Also occasional respiratory infection

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.) N.A.
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 August 1957 to 11 Feb 59 and last saw her alive on 9 Feb 59
Death occurred at 4:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Cyril A. Bost M.D. (Degree or title)
22b. ADDRESS Poplar Bluff, Mo
22c. DATE SIGNED 13 Feb 59

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 2/15/1959
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) Poplar Bluff (State) Mo.

24. FUNERAL DIRECTOR Peoples Funeral Home
ADDRESS 1200 alice street poplar bluff, mo.
25. DATE RECD. BY LOCAL REG. 2/28/59
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

BUTLER CO. HEALTH CENTER
FILE No.

VS MAR 7 1959

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 Earl J. Smith

Licensed Embalmer No. 4408

P. O. Address Sidney Ohio

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.