URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–031618

STATE FILE NUMBER

FILED VS OCT 5 1959 43

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 437

NDED

1. PLACE OF DEATH a. COUNTY: Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff, Mo. — Length of stay in 1b	c. CITY OR TOWN: Poplar Bluff — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lucy Lee Hospital — Inside Limits: Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location): 513 S.Fifth St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Dorman	Middle: Carl	Last: Pease	4. DATE OF DEATH	Month: Sept. Day: 7, Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Widowed ☐ Never Married ☐ Divorced ☒	8. DATE OF BIRTH: 3-7-12	9. AGE (last birthday): 47	IF UNDER 1 YEAR: Months 6 Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroading	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Poplar Bluff, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.		
13a. FATHER'S NAME: Ellis Pease	13b. MOTHER'S MAIDEN NAME: Clara Morris	14. NAME OF HUSBAND OR WIFE: None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address		

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)	Pneumonia	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary tuberculosis, both upper lobes	Unknown
DUE TO (c)		

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 9/4/59, to 9/7/59 and last saw her/him alive on 9/7/59

Death occurred at 3:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John R. Loughead, M.D.	22b. ADDRESS: 330N.2nd St.-PoplarBluff,Mo.	22c. DATE SIGNED: 9/14/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 9-8-59	23c. NAME OF CEMETERY OR CREMATORY: Catholic Cem.
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.		
24. FUNERAL DIRECTOR: Frank-Cotrell	ADDRESS: Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG.: 9/21/59
26. REGISTRAR'S SIGNATURE: [signature]		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edgar W. Lapham

Licensed Embalmer No. 2394

P. O. Address Poplar Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.