URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-018508

FILED VS MAY 31 1960

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 299

ENDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 116 South B St.
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Eugene Middle Fleetwood Last
4. DATE OF DEATH Month May Day 5 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-7-1911
9. AGE (last birthday) 48
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Clarkton, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John Fleetwood
13b. MOTHER'S MAIDEN NAME Phillips
14. NAME OF HUSBAND OR WIFE Edna Fleetwood

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. 495167962
17. INFORMANT Edna Fleetwood, Address Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxiation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c) Falling in Black River
INTERVAL BETWEEN ONSET AND DEATH
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 X
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Slipped and fell in water
20c. TIME OF INJURY Hour Afternoon a.m. Month, Day, Year May 5,60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Black River
20f. CITY, TOWN, OR LOCATION Poplar Bluff COUNTY Butler, STATE Mo.

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at Late afternoon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Grover W. Greer
Grover W. Greer, Coroner
22b. ADDRESS Poplar Bluff, Mo.
22c. DATE SIGNED 5-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-11-60
23c. NAME OF CEMETERY OR CREMATORY Blackcrrek 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. 5/21/60
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JUN 14 1960

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 _____ Not Embalmed Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Charles E Mum

Signature of Student Embalmer

Licensed Embalmer No. 489

P. O. Address Poplar B

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.