URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 2 5 1961

-60-048590

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 43007 Registrar's No. 4

NDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2127 Wood St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First PEARL Middle MARIE Last HAFFORD

4. DATE OF DEATH Month Day Year October 27, 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/8/1898
9. AGE (last birthday) 62 — IF UNDER 1 YEAR Months 6 Days 19 — IF UNDER 24 HR 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 Home
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Hanner
13b. MOTHER'S MAIDEN NAME Modell Phelps
14. NAME OF HUSBAND OR WIFE Ed Hafford

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. +31-44-1030
17. INFORMANT Ed Hafford Address Poplar Bluff, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastatic Ca - lung
DUE TO (c) Ca of Larynx
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 10-6-1960, to 10-27-1960 and last saw her alive on 10-27-1960
Death occurred at 5:00 P M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James H. Turner MD
22b. ADDRESS 215 Oak Street Poplar Bluff, Mo.
22c. DATE SIGNED 1-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-30-60
23c. NAME OF CEMETERY OR CREMATORY Blackcreek Cemetery
23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

24. FUNERAL DIRECTOR Russell-Ermert ADDRESS Box 377 Corning, Ark.
25. DATE RECD. BY LOCAL REG. 1/9/61
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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 Richard O. Ermen

Licensed Embalmer No. 782

P. O. Address Corning, F

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.