

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

362

State File No.

FILED JAN 28 1954

Registrar's No. 106

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No.	
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, write RURAL and give township) OR TOWN Poplar Bluff, Mo. Rural		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.				d. STREET ADDRESS (If rural, give location) Roxie Road 0120 /			
3. NAME OF DECEASED (Type or Print) a. (First) Flora		b. (Middle) Bell		c. (Last) Divine		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 18, 1870	
9. AGE (In years last birthday) 83		10. UNDER 1 YEAR Months 2 Days 20		11. BIRTHPLACE (City and State or Foreign Country) Long Prairie, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Long Prairie, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John A. Jennings		13b. MOTHER'S MAIDEN NAME Sarah A. Jenkins		14. NAME OF HUSBAND OR WIFE Robert T. Divine, Decd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Skinner, Davenport, Iowa			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured right leg and shoulder E9020 21				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SURVIVE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff Butler Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell from porch			
22. I hereby certify that I attended the deceased from 1-4, 1954, to 1-8, 1954, that I last saw the deceased alive on 1-8, 1954, and that death occurred at 12:05 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. W. Cunningham, M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 1-11-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-10-54		24c. NAME OF CEMETERY OR CREMATORY City Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 1-20-54		REGISTRAR'S SIGNATURE Frank Cotrell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Cotrell Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JAN 25 1954
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 _____
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine
Poplar Bluff - Mo.

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 this body is not embalmed, fact should be so stated above.