

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8071

State File No. _____

FILED MAR 21 1947

Registration District No. _____

Primary Registration District No. _____

3007

Registrar's No. 105

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

12
3

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Unnamed Baby Casey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 12 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	13 hr. 6 min.

9. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name W. L. Casey

13. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Ella Masterson

15. Birthplace Dexter Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. L. Casey

(b) Address Dexter, Missouri

17. (a) Burial (b) Date thereof 12-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hagy Cemetery

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Missouri

19. (a) 3/14/47 (b) R. H. Mueller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Dexter
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1947 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 12 1947 to Feb 12 1947
that I last saw her alive on Feb 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Premature Birth (6 months)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury D.

23. Signature Frank E. Dinelli (M. D. or other) M.D.
Address Poplar Bluff Mo. Date signed 2/13/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

55

RECEIVED

District Health Office No 2

District File Number 347-398

Date Filed 3-18-47

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.