

No. 300  
10.48

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 399

BIRTH NO. 48-25673 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY OR TOWN Poplar Bluff	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		d. STREET ADDRESS (If rural, give location) 222 South 8th. St.	

3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) Sue c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) 1-8-49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 10, 1948		9. AGE (In years last birthday) 7 38
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alendal A. White	13b. MOTHER'S MAIDEN NAME Wilma Ruth Tinker	14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn White - Poplar Bluff, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar 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. none.			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 SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>

22. I hereby certify that I attended the deceased from 12-24, 1948, to 1-8, 1949, that I last saw the deceased alive on 1-8, 1949 and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Holladay M.D.	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 1-11-49
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 1-10-49	24c. NAME OF CEMETERY OR CREMATORY Three Springs
		24d. LOCATION (City, town, or county) (State) Butler County, Mo

DATE REC'D BY LOCAL REG. 1-11-49	REGISTRAR'S SIGNATURE C. H. Muetters 35	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Bolrell - Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 149-92

Date Filed 1-17-49

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

*John M. Davies*

Student Embalmer No. 249

working under my personal supervision.

Signed *John M. Davies*  
Student Embalmer

Signed *Grove W. Peeler*

Licensed Embalmer No. 2964

P. O. Address *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.