

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4151
72

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler</u> c. CITY OR TOWN <u>Poplar Bluff, Mo</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>506 Bartlett</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 Bartlett</u>				d. STREET ADDRESS (If rural, give location) <u>506 Bartlett</u>					
3. NAME OF DECEASED (Type or Print) <u>AGNES</u>			a. (First)	b. (Middle)	c. (Last) <u>ROYAL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 11, 1904</u>		9. AGE (In years last birthday) <u>45</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>16</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Dumas, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Lee Prickett</u>		13b. MOTHER'S MAIDEN NAME <u>Pluma Goings</u>		14. NAME OF HUSBAND OR WIFE <u>Ben. S. Royal</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u></u> ADDRESS <u></u>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				DUE TO (b) <u>Hypertension</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u></u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>					
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>Poplar Bluff</u> (COUNTY) <u>Butler</u> (STATE) <u>Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>					
22. I hereby certify that I attended the deceased from <u>Feb. 27, 1949</u> , to <u>Feb. 27, 1949</u> , that I last saw the deceased alive on <u>Feb. 27, 1949</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>F. F. Priest D.O.</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>3-1-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/4/49</u>		REGISTRAR'S SIGNATURE <u>B. H. M... 35</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cotrell</u> ADDRESS <u>Poplar Bluff, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Rutherford County Health Office

District File Number *349*

Date Filed *3-8-49*

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John M. Lewis*

Licensed Embalmer No. *4620*

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.