

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18764

FILED JUL 7 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5136</u>		Registrar's No. <u>237</u>	
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>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Beaver Dam Twp. Logan</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Route 1 Hamville Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1 - Hamville Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Rונים</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-18-1877</u>		9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Holly Springs Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Furbush Rונים</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Furbush Rונים - Hamville Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4-20</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm W Spear, Coroner</u>				23b. ADDRESS <u>Opolar Bluff Mo</u>		23c. DATE SIGNED <u>6/30-49</u>	
24a. BURIAL CREMATION (Specify) _____		24b. DATE <u>7-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shealcropper</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 30 1949</u>		REGISTRAR'S SIGNATURE <u>Wm H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. J. B. Rose - Opolar Bluff Mo.</u>		ADDRESS _____	

JUL 5 REC'D

BUTLER COUNTY HEALTH CENTER
POPULAR BUILDING, MTC COURSE

749-164

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 Fred J. Smith

Licensed Embalmer No. 24408

P. O. Address Sikeston, 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.