S. No. 300
v. 10.48

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26210
State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3001 Registrar's No. 312

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (In this place): 31
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BRANDON HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ARKANSAS b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CORNING
d. STREET ADDRESS (If rural, give location): 2

3. NAME OF DECEASED (Type or Print): a. (First) PIER b. (Middle) MAURICE c. (Last) COMPANIOTTE
4. DATE OF DEATH (Month) (Day) (Year): 8 - 18 - 1949
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 10 - 4 - 1883
9. AGE (In years last birthday): 65 | If under 1 year: Months 10 Days 14 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KNOX CO., INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: J. C. COMPANIOTTE
13b. MOTHER'S MAIDEN NAME: HARRIET ERVIN
14. NAME OF HUSBAND OR WIFE: ELSIE (DECEASED)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: JOE COMPANIOTTE ADDRESS: CORNING, ARK.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: one week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial asthma — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none — 241X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? -

22. *I hereby certify that I attended the deceased from* July 18, 1949, *to* Aug. 18, 1949, *that I last saw the deceased alive on* Aug. 18, 1949, *and that death occurred at* 2:25 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Brandon (Degree or title): M.D.
23b. ADDRESS: Brandon Hospital, Poplar Bluff, Missouri
23c. DATE SIGNED: 8-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-21-49
24c. NAME OF CEMETERY OR CREMATORY: CORNING CEMETERY
24d. LOCATION (City, town, or county) (State): CORNING, ARK

DATE REC'D BY LOCAL REG.: Aug 30, 1949
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 1
25. FUNERAL DIRECTOR'S SIGNATURE: R. J. Selig H. Black's Mortuary ADDRESS: Corning, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 6 REC'D
949-257
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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.

Signed Roman L. Selig Jr.

Signed ..... Student Embalmer

Licensed Embalmer No. 5662

P. O. Address Corning, Ark

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.