

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26224

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 332

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>	c. LENGTH OF STAY (In this place) <u>7</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Route 5.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) c. (Last) <u>Reed</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 1 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-1-1860</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min.	IF UNDER 24 HRS. Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ardean Bell</u>	ADDRESS <u>Poplar Bluff</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> <u>5</u> <u>440X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension/Heart Disease</u> DUE TO (c) <u>Dissection</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age -</u>			

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>L</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1949, to 1 Sept, 1949, that I last saw the deceased alive on 20 Aug, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. F. Brooks, M.D.</u>	23b. ADDRESS <u>321 Oak Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>3 Sept 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friendship</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 7, 1949</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. J. B. Rose</u>	ADDRESS <u>Poplar Bluff, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

SEP 12 1967

949-264

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.

Student
Student Embalmer

Signed *Fred J. Smith* _____

Licensed Embalmer No. *4428* _____

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.