

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7817**

BIRTH NO. 19869-50 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 159

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
d. CITY (If outside corporate limits, write RURAL and give township) OR Poplar Bluff		c. LENGTH OF STAY (in this place)	
d. TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR Brosley Ash Hill Township	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital		d. STREET ADDRESS (If rural, give location) 0120	
3. NAME OF DECEASED a. (First) Garry Wayne		b. (Middle) Wayne	
c. (Last) Craft		4. DATE OF DEATH (Month) (Day) (Year) Feb. 20 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Feb. 18-1950
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jim Craft		13b. MOTHER'S MAIDEN NAME Ivy Masters	
14. NAME OF HUSBAND OR WIFE		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 Jim Craft	
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>Lobar Pneumonia (Bilateral)</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)	
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 <u>2/20, 1950</u> to <u>2/20, 1950</u> that I last saw the deceased alive on <u>2/20, 1950</u> and that death occurred at <u>P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank E. Duell</u>		23b. ADDRESS <u>Poplar Bluff, Mo</u>	
23c. DATE SIGNED <u>2/27/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 21-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Chapel Cemetary</u>	
24d. LOCATION (City, town, or county) (State) <u>Brosley Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby</u>	
DATE REC'D BY LOCAL REG. <u>April 8-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Fisk Mo.</u>		25. FUNERAL DIRECTOR'S ADDRESS	

APR 10 1950

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BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

Body Not Embalmed

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.