

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15994**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lucy Lee Hosp.		d. STREET ADDRESS (If rural, give location) 938 Poplar St.	
3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) MACKE c. (Last) BAUMGARDNER			4. DATE OF DEATH (Month) (Day) (Year) May 7, 1950
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 8, 1880
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR (Months) 2	IF UNDER 12 HRS. (Days) (Hours) (Min.) 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cape County, Mo.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Louis Macke	
13b. MOTHER'S MAIDEN NAME Mary Caroline Freeze		14. NAME OF HUSBAND OR WIFE John F.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G.L. Saracini... Poplar Bluff, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Advanced Arteriosclerosis 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"/>		INTERVAL BETWEEN ONSET AND DEATH 6 day Unknown Unknown 33 IX	
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) (Min.)	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>5-2</u> , 19 <u>50</u> , to <u>5-7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-7</u> , 19 <u>50</u> , and that death occurred at <u>4:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE J. W. McPheeters, Jr. (Degree or title) M.D.		23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 5-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/9/50	24c. NAME OF CEMETERY OR CREMATORY Catholic Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, MO.
DATE REC'D BY LOCAL REG. May 10-1950	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FRANK-COTRELL... Poplar Bluff, Mo.

Dr. J.W. McPheeters.

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

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RECEIVED

MAY 15 1950

BUTLER CO. HEALTH CENTER

FILE No. 550-217

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 George A. Kerby

Licensed Embalmer No. 4758

P. O. Address Fowler 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.