

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22897

Registrar's No. 272

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 272	
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. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		0123	
d. FULL NAME OF HOSPITAL OR INSTITUTION 533 Henry S.				d. STREET ADDRESS (If rural, give location) 533 Henry St.			
3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) EVERTT c. (Last) REXFORD			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7, 1880		9. AGE (In years) last birthday 69	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 23 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)Kentucky		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Maude Rexford			
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 Maude Rexford...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)		Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days	
	ANTECEDENT CAUSES		Dyspnoea			2 days	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Pulmonary tuberculosis			2 years	
	DUE TO (b)		Exposure to wind & rain			002x	
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
	Exposure to wind & rain						
19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION -						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 July 1, 1949 , to June 30, 1950 , that I last saw the deceased alive on June 30, 1950 , and that death occurred at 8:20 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE W. H. Burton, M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 7-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE July 3, 1950	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		
DATE REC'D BY LOCAL REG. July 5-1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		428		25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL...Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 13 1950

BUTLER CO. HEALTH CENTER

FILE No. 750-200

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 _____

Scott A. Coburn

Licensed Embalmer No. _____

3567

P. O. Address _____

Poplar 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.