

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26150

BIRTH NO. 39531-50 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 0120</u>	
c. LENGTH OF STAY (in this place) <u>12 HRS</u>		d. STREET ADDRESS (If rural, give location) <u>13 Mi. S. POPLAR BLUFF</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>CAROLYN</u>		b. (Middle) <u>Sue</u>		c. (Last) <u>BRUCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JULY 31-1950</u>	
9. AGE (In years last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>BUTLER CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>LOYD BRUCE</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH LAMASTUS</u>		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) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Bruce Star Route Neelyville</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		DUE TO (b) <u>None</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>dehydration</u>		
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 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 20 Aug, 1950, to 22 Aug, 1950, that I last saw the deceased alive on 21 Aug, 1950, and that death occurred at 1 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Smith M D</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>22 Aug 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>SMITH CEMETERY 7 1/2 Mi. S. Neelyville MO</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>N. P. Phelps</u>		ADDRESS <u>Poplar Bluff MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug 24 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428	

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

RECEIVED

~~DEC 29~~ 1950
BUTLER CO. HEALTH CENTER
FILE No. 850-357

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 N. G. Phelges _____

Licensed Embalmer No. 3231 _____

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.