

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **86286**

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	Registrar's No. 430
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff 0123		
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 123 N 5th		
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		3. NAME OF DECEASED a. (First) Martha b. (Middle) Ann c. (Last) Beasley		
4. DATE OF DEATH 11/7/50		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2		8. DATE OF BIRTH Aug 18 1929
9. AGE (In years last birthday) (Specify) 21		10. MONTHS 2	11. DAYS 19	12. HOURS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Unknown		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 Dr. Anne Smith
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) Basal Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH 68 1/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. and Traumatic Shock.		19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT (Specify) Public Hi way		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Hi way
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Butler Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/6/50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
21f. HOW DID INJURY OCCUR? Auto accident		22. I hereby certify that I attended the deceased from 11-6 , 19 50 , to 11-7 , 19 50 , that I last saw the deceased alive on 11-7 , 19 50 and that death occurred at 7:45 m., from the causes and on the date stated above.		23a. SIGNATURE Frank E. Demelli (Degree or title) MD U
23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 11-10-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/9/50		24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch		ADDRESS Poplar Bluff, Mo.
DATE REC'D BY LOCAL REG. Nov 10 1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		428

(Licensed Embalmer's Statement on Reverse Side)

COPYING BLACK INK MAKE A PERMANENT RECORD

RECEIVED

NOV 15 1950

BUTLER CO. HEALTH CENTER

FILE No. 1150-458

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 _____

Joseph R. Matlock

Student Embalmer No. 375

working under my personal supervision.

Student

Joseph R. Matlock
Student Embalmer

Signed

Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.