

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3956**

FILED MAR 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>		c. CITY OR TOWN <b>Dexter Rural Liberty twp.</b> <u>1050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>				d. STREET ADDRESS <b>route one</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Linda</b>		b. (Middle) <b>Sue</b>		c. (Last) <b>Sides</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 28, 1951</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>never married</b>		8. DATE OF BIRTH <b>March 24, 1945</b>	
9. AGE (In years last birthday) <b>5</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXX</b>		11. BIRTHPLACE (State or foreign country) <b>Dexter, Mo. R. 10</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ezra Sides</b>		13b. MOTHER'S MAIDEN NAME <b>Wilburn Smothers</b>		14. NAME OF HUSBAND OR WIFE <b>child</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>XX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ezra Sides</b> ADDRESS <b>Dexter, Mo. R. 1</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Leukemia</b>  ANTECEDENT CAUSES <b>Myloid</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <b>2049</b>	
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) (m.)		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>2/27</u> , 19 <u>51</u> , to <u>2/28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/28</u> , 19 <u>51</u> , and that death occurred at <u>1:30 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <b>W. C. Parker</b> (Degree or title)				23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>3/3/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3-1-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Valley</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo. R. 1</b>	
DATE REC'D BY LOCAL REG. <b>March 5 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins / Funeral Ser.</b> ADDRESS <b>Dexter, Mo.</b>			

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

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RECEIVED

MAR 13 1951  
BUTLER CO. HEALTH CENTER  
FILE No. 351-118

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Walter Marsh Watkins

Signed.....  
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Exeter, 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.