

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7660

124
1

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

| | | | | | |
|--|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> Registrar's No. <u>137</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | | |
| b. CITY OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (in this place) <u>40 years</u> | c. CITY OR TOWN <u>Poplar Bluff</u> | | 0124 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>720 Abbott</u> | | | d. STREET ADDRESS (If rural, give location) <u>720 Abbott</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> | | b. (Middle) <u>ALICE</u> | | c. (Last) <u>WILSON</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>3/29/1950</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>10/15/1885</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Stoddard Co., Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>David C. Malone</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kimbrel</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 date of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thelma Chatman Poplar Bluff, Mo.</u> ADDRESS | | |
| 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>Epidermoid Carcinoma</u> | | MEDICAL CERTIFICATION <u>Cervix uterine</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | DUE TO (b) <u>with metastasis general.</u> | | |
| | DUE TO (c) | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 171X | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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>7-28, 1950</u> to <u>3-29, 1951</u> , that I last saw the deceased alive on <u>3-15, 1951</u> , and that death occurred at <u>4:25 AM.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>J. J. Priest</u> (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>Poplar Bluff, Missouri</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/31/1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u> | | |
| DATE REC'D BY LOCAL REG <u>April 1, 1951</u> | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy & Fitch</u> ADDRESS <u>Poplar Bluff, Mo.</u> | | |

RECEIVED

APR. 9. 1951

BUTLER CO. HEALTH CENTER

FILE No.

451-144

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.....

Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.