

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11734

State File No. ....

No. 300  
10-48  
124  
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BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 159

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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Essex</b> <u>1030</u>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			
3. NAME OF DECEASED a. (First) <b>Lizzie</b> (Type or Print)		b. (Middle) <b>White</b> (Last)	
4. DATE OF DEATH <b>April 15, 1951</b> (Month) (Day) (Year)		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Sept 23, 1892</b>		9. AGE (In years last birthday) <b>58</b> if UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeping</b>	
11. BIRTHPLACE (State or foreign country) <b>Bloomfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Muse Kirby</b>		13b. MOTHER'S MAIDEN NAME <b>Delcinda Goodwin</b>	
13c. NAME OF HUSBAND OR WIFE <b>Munroe White</b>		14. NAME OF HUSBAND OR WIFE <b>Munroe White</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give way or dates of service) <b>X X</b>		16. SOCIAL SECURITY NO. <b>X X</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Munroe White</b> ADDRESS <b>Essex, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis (Septemic)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>447X</b>	
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) 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>4-10</u> , 1951, to <u>4-15</u> , 1951, that I last saw the deceased alive on <u>4-15</u> , 1951, and that death occurred at <u>8:15 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank E. Duller M.D.</u>		23b. ADDRESS <u>Poplar Bluff Mo.</u>	
23c. DATE SIGNED <u>4-17-51</u>		23d. NAME OF CEMETERY OR CREMATORY <b>Essex cemetery</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-16-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Essex cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Essex, Missouri</b>	
DATE REC'D BY LOCAL REG. <u>April 18/51</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <b>426</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser.</u>		ADDRESS <b>Dexter, Mo.</b>	

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

RECEIVED

APR 26 1951

BUTLER CO. HEALTH CENTER

FILE No. 451-172

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 Walter Marshall Watkins

Licensed Embalmer No. 4717

P. O. Address Sevier 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.