

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29581**

FILED OCT 11 1951

BIRTH NO. 29366-51 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 419

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	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) Hazel Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hazel Street			

3. NAME OF DECEASED a. (First) James b. (Middle) Autry c. (Last) Autry			4. DATE OF DEATH (Month) (Day) (Year) 9-25-51		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant (1)		8. DATE OF BIRTH May 27, 1951		9. AGE (in years last birthday) 3 Months 28 Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Everett Autry			13b. MOTHER'S MAIDEN NAME Laura Collins			14. NAME OF HUSBAND OR WIFE		
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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 Everett Autry, Poplar Bluff, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heartbeat Interstia				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition				30 days	
		DUE TO (c) Indigestion				30 days	
		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 checked="" type="checkbox"/>	
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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) 5710	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Sept 10, 1951 to Sept 25, 1951, that I last saw the deceased alive on Sept 23, 1951, and that death occurred at 11 m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Burton, M.D. (Degree or title)		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-26-51		24c. NAME OF CEMETERY OR CREMATORY Patterson		24d. LOCATION (City, town, or county) (State) Butler Co., Mo.	
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DATE REC'D BY LOCAL REG Oct 2 1951		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch		ADDRESS Poplar Bluff Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

for witness

RECEIVED

OCT 10 1951

BUTLER CO. HEALTH CENTER

FILE No. 1051-448

[Handwritten scribbles and illegible text]

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

Not Embalmed

Signed

Licensed Embalmer No. _____

P. O. Address _____

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.