V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36517

State File No. .....

BIRTH NO. 74861-57 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 479

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff, Mo.
c. LENGTH OF STAY (In this place): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff, Mo., R#1
d. STREET ADDRESS (If rural, give location): None.

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3. NAME OF DECEASED (Type or Print)
a. (First): ETHEL
b. (Middle): IRENE
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Nov. 2, 1951
9. AGE (In years last birthday): If under 1 year: Months -- Days --; If under 24 hrs.: Hours 22 Min. --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Philip Edward Taylor
13b. MOTHER'S MAIDEN NAME: Judy Marie Head
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): ---
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Philip Edward Taylor, Poplar.B., Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature separation of Placenta
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7615
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-2, 1951, *to* 11-3, 1951, *that I last saw the deceased alive on* 11-3, 1951, *and that death occurred at* 10:32 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Henrickson, Ill.
23b. ADDRESS: Poplar Bluff Missouri
23c. DATE SIGNED: 11/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 4, 1951
24c. NAME OF CEMETERY OR CREMATORY: Military Crossing
24d. LOCATION (City, town, or county) (State): Butler, Mo.

DATE REC'D BY LOCAL REG.: Nov. 12, 1951
REGISTRAR'S SIGNATURE: Wm. H. Johnson
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25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Frank-Cotrell, P. Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 21 1951
BUTLER CO. HEALTH CENTER
FILE No. 1151-510

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~not~~ embalmed by me, or by Not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed Howard A. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 3996

P. O. Address 412 Vine St Poplar B.

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.