

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23760**

FILED JUL 31 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 355

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff 0124	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 319 North C St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brandon Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Jane c. (Last) Cone			4. DATE OF DEATH (Month) (Day) (Year) June 18, 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4 Days 4	IF UNDER 1 HR. Hours 4 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. James, Mo. U	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mote Cone
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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 Charles Love ADDRESS Poplar Bluff, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6-18-52
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENDOCARDITIS		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIAC HYPERTROPHY DUE TO (c) HYPERTENSION		
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) 4214
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:55P** m., from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Johnson (Degree or title) MD	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 6/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-20-52	24c. NAME OF CEMETERY OR CREMATORY City Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. 7-21-52	REGISTRAR'S SIGNATURE Wm. H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell ADDRESS Poplar Bluff, Mo.
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RECEIVED
JUL 30 1952
BUTLER CO. HEALTH CENTER
FILE No. 752-382

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 *[Handwritten Signature]*

Licensed Embalmer No. *[Handwritten Number]*

P. O. Address *[Handwritten 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.