

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27331

State File No. _____

FILED AUG 29 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROSELY</u> <u>0120</u>	d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BRANDON HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PERMOLIA</u> b. (Middle) <u>EVELYN</u> c. (Last) <u>WHITESELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 22 1923</u>		9. AGE (In years last birthday) <u>29</u> # UNDER 1 YEAR: Months _____ Days _____ # UNDER 6 Mths: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LYRIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OFFICE</u>		11. BIRTHPLACE (State or foreign country) <u>MO. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>R.F. WILKERSON</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie GRAHAM</u>		14. NAME OF HUSBAND OR WIFE <u>James Whitesell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>1</u>		16. SOCIAL SECURITY NO. <u>499-22-9315</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Whitesell Broasley 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>Placenta Previa</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8-6-52</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Placenta Previa</u>			
		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 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)	
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 July 22, 1952 to Aug. 13, 1952, that I last saw the deceased alive on Aug 13, 1952 and that death occurred at 10:45 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Brandon</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>8-20-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ASH HILL</u>	24d. LOCATION (City, town, or county) (State) <u>FIRST MO.</u>		
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DATE REC'D BY LOCAL REG. <u>8-21-52</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnston</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell</u> ADDRESS <u>Piggott Ark</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

#m
0124

RECEIVED

AUG 26 1952

BUTLER CO. HEALTH CENTER

FILE No. 852-430

SEP - 2 1952

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 _____

Leroy Taylor

working under my personal supervision.

Student Embalmer No. 469

Signed Leroy J. Taylor
Student Embalmer

Signed Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark

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.