S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44399

State File No.

BIRTH NO. FILED FEB 7 1953 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 16

0124
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1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
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: MO
b. COUNTY: STODDARD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 1030
d. STREET ADDRESS (If rural, give location): DEXTER RTD #4

3. NAME OF DECEASED (Type or Print)
a. (First): LUNA
b. (Middle): BELLE
c. (Last): NEAL

4. DATE OF DEATH (Month) (Day) (Year): 12-25-1952

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 7
8. DATE OF BIRTH: 1-18-1865
9. AGE (In years last birthday): 87
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): FRANKLIN Co TENN 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEO. C. SMITH
13b. MOTHER'S MAIDEN NAME: LUCIS VAUGHN
14. NAME OF HUSBAND OR WIFE: DAVID G. NEAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Lera Smith
ADDRESS: St Louis 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) Hydrops of Gall Bladder
DUE TO (b) with Gangrene of Gallbladder
DUE TO (c)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS: 585 X
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
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* Dec. 21, *19* 52 *to* Dec. 25, *19* 52, *that I last saw the deceased alive on* 12-24, *19* 52, *and that death occurred at* 7:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harden Oldham MD
23b. ADDRESS: Poplar Bluff, Missouri
23c. DATE SIGNED: 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12-25-1952
24c. NAME OF CEMETERY OR CREMATORY: LICK CREEK
24d. LOCATION (City, town, or county) (State): STODDARD Co MO

DATE REC'D BY LOCAL REG.: Feb. 2 1953
REGISTRAR'S SIGNATURE: Wm. H. Johnson
25. FUNERAL DIRECTOR'S SIGNATURE: Welch Funeral Home
ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 4 1953
BUTLER CO. HEALTH CENTER
FILE No. ~~23~~ 253-55

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.