

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27869

State File No. 349
Registrar's No. 349

FILED AUG 26 1953
BIRTH NO. 58052 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff	c. LENGTH OF STAY (in this place) Minutes	c. CITY (If outside corporate limits, write RURAL and give township) Rural Castor 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) Azileia b. (Middle) -- c. (Last) Crenshaw		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 7, 1953
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Mins --- -- -- 1 30
11. BIRTHPLACE (City and State or Foreign Country) Bloomfield, Mo. R. #1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Eugene Crenshaw	13b. MOTHER'S MAIDEN NAME Frances Lee Potter	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 Eugene Crenshaw Bloomfield, Mo. R. #1

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u> ANTECEDENT CAUSES <u>Course unknown</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>17 30 Mins</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 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) 776X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 8-7-1953, to 8-7-1953, that I last saw the deceased alive on 8-7-1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE S. S. Davis M.D.	(Degree or title) 23b. ADDRESS Dexter Mo.	23c. DATE SIGNED 8/13/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-8-53	24c. NAME OF CEMETERY OR CREMATORY Lick Creek Cemetery	24d. LOCATION (City, town, or county) (State) Bloomfield, Stoddard Mo.
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DATE REC'D BY LOCAL REG. 8/20/53	REGISTRAR'S SIGNATURE R. H. Thiermeier	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Und. Co. Bloomfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 24 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Child was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

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.