

FILED JUL 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18101**

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>		Registrar's No. <b>388</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Poplar Bluff</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1809 Sanders</b>				STREET ADDRESS (If rural, give location) <b>1809 Sanders St. 012 1/2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fannie</b> b. (Middle) <b>Houston</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>July 4, 1954</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 10, 1904</b>	
9. AGE (In years last birthday) <b>50</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Memphis, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Henry Clay</b>		13b. MOTHER'S MAIDEN NAME <b>Kittie Macklan</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lucy Horn Poplar Bluff, Mo.</b>			
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) <b>Uremia</b> ANTECEDENT CAUSES DUE TO (b) <b>Hypertensive - C-V Disease</b> DUE TO (c) <b>Nephrosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>approx 1 wk</b> <b>?</b> <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>o</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <b>27 Jan, 1954</b> , to <b>4 July, 1954</b> , that I last saw the deceased alive on <b>4 July, 1954</b> , and that death occurred at <b>12:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John J. Sample M.D.</b> (Degree or title)				23b. ADDRESS <b>Poplar Bluff Mo</b>		23c. DATE SIGNED <b>7/6/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-7-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
DATE REC'D BY LOCAL HEALTH DEPT. <b>7/10/54</b>		REGISTRAR'S SIGNATURE <b>R. H. Murrell</b> <b>489-4</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank-Cotrell Poplar Bluff, Mo.</b>			

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

RECEIVED  
JUL 17 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

JUL 31 1958

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Wallace R Knight

Licensed Embalmer No. 4574

P. O. Address 412 Vine Poplar St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.