

FILED SEP 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29912
State File No. 488
Registrar's No. 488

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		State File No. <u>488</u>		Registrar's No. <u>488</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</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) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>			0120		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff</u>				d. STREET ADDRESS (If rural, give location) <u>Route 5</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jerry</u>	b. (Middle) <u>Ray</u>	c. (Last) <u>Absheer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-20-54</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 2, 1946</u>		9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School child</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Evening Shade, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alvie Absheer</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Verbosky</u>			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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alvie Absheer, Poplar Bluff, Mo.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Injuries</u> <u>motor vehicle accident between automobile and male infant</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>between automobile and male infant</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>							INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm (rural)</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler, Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 20 54 03 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by moving vehicle</u>					
22. I hereby certify that I attended the deceased from <u>9-20</u> , 19 <u>54</u> , to <u>9-20</u> , 19 <u>54</u> , that I last saw the deceased dying on <u>9-20</u> , 19 <u>54</u> , and that death occurred at <u>0300</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Warden O. Henrikson</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>			23c. DATE SIGNED <u>9-21-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Julian Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co., Mo.</u>				
DATE REC'D BY LOCAL REG. <u>9/24/54</u>		REGISTRAR'S SIGNATURE <u>R. H. Mueller</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy & Fitch</u>			ADDRESS <u>Poplar Bluff Mo</u>	

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

RECEIVED
SEP 27 1954
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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Coplar Bluff 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.