

FILED NOV 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33191

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 552

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>Rural Neely Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RHO Harviell</u>		d. STREET ADDRESS (If rural, give location) <u>Harviell, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u>	b. (Middle)	c. (Last) <u>Bratt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-54</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 9-1865</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Trigg. Co. Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Lampkin</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>James Lampkin Harviell, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, acute</u>		
	PRECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, generalized, chronic and genital</u>		? ?	

19a. DATE OF OPERATION <u>None</u>	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) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from 29 July, 1954, to 25 Oct, 1954, that I last saw the deceased alive on 21 Oct, 1954, and that death occurred at 13:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hester Harviell, M.D.</u>	23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>2 Nov 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bay Springs Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/5/54</u>	REGISTRAR'S SIGNATURE <u>R.H. Muettels</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Green, Cray, Feltche</u>	ADDRESS <u>Poplar Bluff, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 8 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 Caplan Bluff, MD

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.