No. 300
10.48

FILED NOV 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36638

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 561

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Poplar Bluff~~ ~~Puxico Rural Duck Creek~~ T.S.
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): Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico Rural Duck Creek T.S
d. STREET ADDRESS (If rural, give location): ~~Poplar Bluff Mo.~~ 1030

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtie
b. (Middle): J.
c. (Last): Bain

4. DATE OF DEATH (Month) 11 (Day) 3 (Year) 54

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 28 1883
9. AGE (In years last birthday): 71 — If under 1 year: Months 8 Days 3 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housev Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Puxico Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Alexander Finndely
13b. MOTHER'S MAIDEN NAME: Sarah Williams
14. NAME OF HUSBAND OR WIFE: A.A. Bain

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: Hospital Records — ADDRESS:

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): Pulmonary Clima.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Fecal Fistula
DUE TO (c): Post Operative Adhesion

II. OTHER SIGNIFICANT CONDITIONS — *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: 5705
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* 10-4, 1954, *to* 11-3-, 1954, *that I last saw the deceased alive on* 11-3-, 1954, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marvin R. Barbour MD
23b. ADDRESS: Poplar Bluff Mo.
23c. DATE SIGNED: 11/10/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail
24b. DATE: 11 5 54
24c. NAME OF CEMETERY OR CREMATORY: Rock Hill
24d. LOCATION (City, town, or county) (State): Rural Stoddard Co. Mo

DATE REC'D BY LOCAL REG.: 11/13/54
REGISTRAR'S SIGNATURE: R H Minchell 489-10
25. FUNERAL DIRECTOR'S SIGNATURE: Watkins Sons Puxico Mo. — ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 15 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 Walter Marsh Watkins

Licensed Embalmer No. 427

P. O. Address Sedalia 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.