

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40232

State File No. \_\_\_\_\_

|  |  |   |   |  |
|--|--|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>43</u>  | PRIMARY REG. DIST. NO. <u>3001</u>                                    | Registrar's No. <u>47</u>  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Duck Creek Twp)</u>  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctor's Hospital</u>   |  | d. STREET ADDRESS (If rural, give location) <u>R. F. B. #1, Dudley, Mo.</u>   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Agnes</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Cirrinzione</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7, 1954</u>   |   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>Nov. 3, 1887</u>                                  | 9. AGE (In years last birthday) <u>67</u>   IF UNDER 1 YEAR   Months <u>1</u>   Days <u>4</u>   IF UNDER 24 HRS.   Hour   Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lawndale, Illinois</u>   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>  |  | 13a. FATHER'S NAME <u>Ulysses Grant Smith</u>   |   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Louise Elizabeth Ellis</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Rose Cirrinzione</u>   |   |  |
| 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. _____   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Rose Cirrinzione, Dudley, Mo.</u> ADDRESS _____   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebromeningocele of Pancreas</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>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. <u>157 X</u>   |   |   | 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) (Min.) _____   | 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 <u>Oct. 21, 1954, to Nov. 7, 1954</u> , that I last saw the deceased alive on <u>Nov. 7, 1954</u> , and that death occurred at <u>9:15 P.</u> from the causes and on the date stated above. |  |   |   |  |
| 23a. SIGNATURE (Degree or title) <u>Marion R. Barbours, M.D.</u>   |  | 23b. ADDRESS <u>Poplar Bluff, Mo.</u>   |   | 23c. DATE SIGNED <u>12-10-54</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>12-10-54</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>  | 24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u> |  |
| DATE REC'D BY LOCAL REG. <u>12/3/54</u>  | REGISTRAR'S SIGNATURE <u>R. B. Mitchell</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u> ADDRESS <u>Dexter, Mo.</u>  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
DEC 21 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

NOV 23 1959

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 \_\_\_\_\_

*Lucille H. Haney*

Student Embalmer No. 508

working under my personal supervision.

Student *Lucille H. Haney*  
Student Embalmer

Signed *J. H. Haney*  
Licensed Embalmer No. 3479

P. O. Address *Butler, 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.