

FILED MAR 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. 4062

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE Missouri b. COUNTY Stoddard Puxico		
b. CITY OR TOWN Poplar Bluff c. LENGTH OF STAY (In this street) 1.5.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico Rural Duck Creek T.S.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp			d. STREET ADDRESS (If rural, give location) Poplar Bluff No, 1030		
3. NAME OF DECEASED (Type or Print) a. (First) Dale		b. (Middle) Eugene		c. (Last) Shrum.	
4. DATE OF DEATH (Month) (Day) (Year) 2 21 55		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 19 1934		9. AGE (In years last birthday) 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY Assembler		11. BIRTHPLACE (State or foreign country) Puxico Missouri, 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William E. Shrum		13b. MOTHER'S MAIDEN NAME Ruth Buchanan	
14. NAME OF HUSBAND OR WIFE not Married,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME William E. Shrum		ADDRESS Puxico Mo,			
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, asthemia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leuteraum 2 brain mit			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Pericard Phlebitis		
DUE TO (c) accident					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 012	
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 2-20 , 19 55 , to 2-21 , 19 55 that I last saw the deceased alive on 2-21 , 19 55 and that death occurred at 12:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm. H. Henschel M.D.			23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 2-28-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2 23 55	24c. NAME OF CEMETERY OR CREMATORY XXXXXX elliott		24d. LOCATION (City, town, or county) (State) Puxico Rural Missouri,
DATE REC'D. BY LOCAL REG. 3/3/55		REGISTRAR'S SIGNATURE B. D. Muttel		25. FUNERAL DIRECTOR'S SIGNATURE watkins & Sons Puxico MO,	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 7 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

APR 6 1955
118 15 1955

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 Marsh Watkins

Licensed Embalmer No. 4717

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.