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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14782

State File No.

FILED JUN 2 1955

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 322

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>11 hrs.</u>	c. CITY OR TOWN <u>Qulin, Rte. 2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) <u>Rural Rte. 2-Gillis Bluff Twp</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANDREW</u>	b. (Middle) <u>BEN</u>	c. (Last) <u>PARTENBERRY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 25, 1955</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR <u>6</u> Months	IF UNDER 24 HRS. <u>23</u> Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Dunklin County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Partenberry</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda McElhee</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Partenberry</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eva Partenberry, Qulin, Mo. R. 2</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple injuries</u>		INTERVAL BETWEEN ONSET AND DEATH.
	ANTECEDENT CAUSES DUE TO (b) <u>including brain concussion</u>		
	DUE TO (c) <u>internal injuries</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>and traumatic shock</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E845X</u>	20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Qulin Butler Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5. 17.55 SP 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>Team ran away with man.</u>
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22. I hereby certify that I attended the deceased from MAY 17, 1955, to MAY 18, 1955, that I last saw the deceased alive on MAY 18, 1955, and that death occurred at 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hardin Oberickson M.D.</u>	23b. ADDRESS <u>Poplar Bluff, Mo</u>	23c. DATE SIGNED <u>May 23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mole Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Broselow Mo. R. R.</u>
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DATE REC'D BY LOCAL REG. <u>5/25/55</u>	REGISTRAR'S SIGNATURE <u>B. J. Whittel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 31 1955
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 _____
Signature of Student Embalmer

Signed *Christina M. Landers* _____

Licensed Embalmer No. *422* _____

P. O. Address *Campbell* _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.