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FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21316**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **435**

1. PLACE OF DEATH
a. COUNTY **Butler**
b. CITY (If outside corporate limits, write RURAL and give town) **Poplar Bluff**
c. LENGTH OF STAY (in this place) **10 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Poplar Bluff Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Butler**
c. CITY OR TOWN **Gideon**
d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED
a. (First) **Minnie** b. (Middle) **Joe** c. (Last) **Weldon**
4. DATE OF DEATH (Month) (Day) (Year) **7-18-1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**
8. DATE OF BIRTH **8-25-1926** 9. AGE (In years last birthday) **28**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife**
10b. KIND OF BUSINESS OR INDUSTRY **None**
11. BIRTHPLACE (City and State or Foreign Country) **Marion County, Alabama**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **P.O. Beasley** 13b. MOTHER'S MAIDEN NAME **Dollie Parr** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None**
17. INFORMANT'S SIGNATURE OR NAME **P.O. Beasley** ADDRESS **Gideon, Missouri**

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Severe heart disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **4201**
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 **7-10**, 1955, to **7-18**, 1955, that I last saw the deceased alive on **7-16**, 1955, and that death occurred at **10:40** m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) _____ 23b. ADDRESS **Poplar Bluff Mo** 23c. DATE SIGNED **7-26-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7-20-1955** 24c. NAME OF CEMETERY OR CREMATORY **Stanfield** 24d. LOCATION (City, town, or county) (State) **Near Clarkton, Mo.**

DATE REC'D BY LOCAL REG. **7/30/55** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **Russell Surgical Home** ADDRESS **[Address]**

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 2 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

~~Statement by Licensed Embalmer~~
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 _____

Licensed Embalmer No. 509

P. O. Address Jiggott, A

22 61-5 22 01 7
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.