FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 19726

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 361

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 445 N. 11 th. st. — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff, Mo. — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 445 N. 11 th. st. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First CHARLES Middle T. Last BLOODWORTH JR.

4. DATE OF DEATH Month Day Year 6-23-1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 5-9-1909

9. AGE (In years last birthday) 47 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attorney

10b. KIND OF BUSINESS OR INDUSTRY law

11. BIRTHPLACE (City and state or country) Corning, Ark.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles T. Bloodworth Sr.

14. MOTHER'S MAIDEN NAME Effie D. Belford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT Address Poplar Bluff
Mrs. C. T. Bloodworth Jr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion, acute — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterial hypertension — 4½ mos.
DUE TO (c) ---

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ---

4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ No.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ---

20c. TIME OF INJURY Hour a. m. p. m. --- Month, Day, Year ---

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ---

20f. CITY, TOWN, OR LOCATION --- COUNTY STATE

21. I attended the deceased from 1 February 1956 to 23 June 1956 and last saw him alive on 21 June 1956
Death occurred at 4:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Lester Harwell, MD

22b. ADDRESS Poplar Bluff, Mo.

22c. DATE SIGNED 26 June 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6-24-56

23c. NAME OF CEMETERY OR CREMATORY City Cemetery

23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR Greer Croy & Fitch — **ADDRESS** Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG. 6/29/56

26. REGISTRAR'S SIGNATURE R H Menefee

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
JUL 3 1956
BUTLER CO. HEALTH CENTER
FILE No._____

JUL 27 1956
MAR 27 1961
JUL 20 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ray P. Sims

Licensed Embalmer No. 49

P. O. Address Poplar Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.