

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23687

STATE FILE NUMBER

FILED JUL 25 1957

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 447

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Butler	a. STATE	Missouri b. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Poplar Bluff	c. CITY OR TOWN	Poplar Bluff
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	Reside on Farm
Poplar Bluff Hospital		716 Cross St.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last ADA ARNEY			Month Day Year 7-5-1957		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
Female	White	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9-21-1880	76	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?	
Housewife		own home	Wayne County, Mo.	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
William Page			Mary Mabrey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
no none			Mrs Sam Congemo, St. Louis, Mo.		

18. CAUSE OF DEATH [Enter only one cause pertaining to (a), (b) and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		
DUE TO (a) <i>Metastases, multiple abdominal carcinoma</i>		
DUE TO (b) <i>sigmoid</i>		11 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY			20d. INJURY OCCURRED		
Hour Month, Day, Year			WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
p. m.			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 <u>10 Aug 56</u> to <u>5 July 57</u> and last saw her <u>alive</u> on <u>5 July 57</u>		
Death occurred at <u>8:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<i>[Signature]</i> MD	<u>321 E. 4th St.</u>	<u>16 July 57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
Burial	7-7-1957	Woodlawn Cemetery
		23d. LOCATION (City, town, or county) (State)
		Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Greer Croy & Fitch, Poplar Bluff, Mo.	7/16/57	<i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

JUL 22 1957

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 em

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

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Ray A. Adams*

Licensed Embalmer No. *49*

P. O. Address *Poplar Bluff*

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.