

XC-2371976

FILED AUG 14 1957

THE HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23697

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 486

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas		
b. CITY (If outside corporate limits, give TOWNSHIP only) Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cabool		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) VA Hospital		Length of stay in lb 19 days	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Thomas			4. DATE OF DEATH 8/2/57		Month 8 Day 2 Year 57
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/1/70	9. AGE (In years and birthday) 87	IF UNDER 1 YEAR Months 8 Days 2 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Wilkes Barre, Penna		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Cull			14. MOTHER'S MAIDEN NAME Mary Golton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) yes SPAW		16. SOCIAL SECURITY NO. Unk	17. INFORMANT VA Hospital Records		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure					INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease					unknown
DUE TO (c) 4200					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Encphalomalacia, secondary to cerebral arteriosclerosis, diffuse. Osteoarthritis, generalized. Arteriosclerosis, generalized with hypertension					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 Hour 7:30 Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. <input checked="" type="checkbox"/> attended the deceased from July 14, 1957 to Aug. 2, 1957 and last saw him live on Death occurred at 7:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. D. BURNER, M.D., Actg. Chf, Med Sv.,		22b. ADDRESS VAH, Poplar Bluff, Mo.		22c. DATE SIGNED 8/5/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-6-57		23c. NAME OF CEMETERY OR CREMATORY City Cem. Vets. plot	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 8/10/57		26. REGISTRAR'S SIGNATURE [Signature]	
23d. LOCATION (City, town, or county)		23e. (State)			

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

AUG 12 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 embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.