

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1957

34967

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 626

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			Length of stay in 1b Life		d. STREET ADDRESS 1116 Grand St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM LESLIE ETHRIDGE				4. DATE OF DEATH Month Day Year Nov. 1, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 29, 1908		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Poplar Bluff, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME James Ethridge				14. MOTHER'S MAIDEN NAME Addie Foster				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 498-01-2886		17. INFORMANT Address Thurma Ethridge, Poplar Bluff, MO.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 10.2 F. 57	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			331X					
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 Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT <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. I attended the deceased from 10-29-1957 to April, 1957 and last saw him alive on 7/10/1, 1957 Death occurred at 4:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Wm Henschel</i> MD				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 11/1/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 4, 1957	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) Poplar Bluff, Missouri (State)			
24. FUNERAL DIRECTOR Greer Croy & Fitch, Poplar Bluff, Mo.				25. DATE RECD. BY LOCAL REG. 11/6/57		26. REGISTRAR'S SIGNATURE <i>Wm Henschel</i>		

RECEIVED

NOV 12 1957  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 *Ray P. Adams*  
Licensed Embalmer No. \_\_\_\_\_

P.O. Address \_\_\_\_\_  
*Ray P. Adams*

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.