Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004677
STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 105

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 # No	c. CITY OR TOWN Poplar Bluff 0124 Inside Limits Yes # No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b IOyrs.	d. STREET ADDRESS 320 Harper (If outside, give location) Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Issaih Middle Last Washington

4. DATE OF DEATH Month Feb. Day I2 Year I959

5. SEX Male 2 | 6. COLOR OR RACE Negro | 7. MARRIED NEVER MARRIED WIDOWED X 2 DIVORCED | 8. DATE OF BIRTH Jan.I0,189I | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months I Days 2 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laniser | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Gilmore,Ark. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George B.Washington | 13b. MOTHER'S MAIDEN NAME Vicky Unknown. | 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Mrs.Lily Mason,Gen.Del.Poplar Bluff,Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 1 Mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Mitral stenosis — ?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X

19. WAS AUTOPSY PERFORMED? YES NO o

20a. ACCIDENT SUICIDE HOMICIDE

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 28 Dec 58 to 12 Feb 59 and last saw him alive on 10 Feb 59

Death occurred at 9:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Brodrick MD (Degree or title) 22b. ADDRESS 321 Cal Poplar Bluff Mo 22c. DATE SIGNED 26 Feb 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb.I7,I959 | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | 23d. LOCATION (City, town, or county) (State) Poplar Bluff,Mo.

24. FUNERAL DIRECTOR ADDRESS Peoples Funeral Home,Poplar Bluff Mo. | 25. DATE RECD. BY LOCAL REG. 3/7/59 | 26. REGISTRAR'S SIGNATURE R.F. Mueller

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

RECEIVED
March 11 ~~MAR 5~~ 1959
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 Frank J. Smith

Licensed Embalmer No. 4408

P. O. Address Eldorado, Ks.

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.