

59-035337

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED VS OCT 16 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 471

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Assembly God Rest Home		d. STREET ADDRESS (If outside, give location) 203 North B St.	
3. NAME OF DECEASED (Type or print) First Middle Last Eulalah Comer Baller		4. DATE OF DEATH Month Day Year Sept. 30, 1959	
5. SEX Female	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 Dec. 4, 1862
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years last birthday) 96	10. KIND OF BUSINESS OR INDUSTRY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Bonn County, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Nathanal Elias Comer		14. MOTHER'S MAIDEN NAME Mary Reeves	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Address Donnell Funeral Home, Greenville, Ill.			
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>Cardiac Decomposition</i> DUE TO (b) <i>arterio-sclerosis heart disease</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4260			INTERVAL BETWEEN ONSET AND DEATH 7 days
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 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 1655		20g. COUNTY STATE Greenville, Ill.	
21. I attended the deceased from <u>1655</u> , to <u>90 Sept 51</u> and last saw her ^{her} _{him} alive on <u>25 Sept 51</u> Death occurred at <u>12:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. Brooker MD</i>		22b. ADDRESS 321 E. Poplar Bluff, Mo. & Sp.	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-30-59	
23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Cem.		23d. LOCATION (City, town, or county) (State) Greenville, Ill.	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 10/6/59	
26. REGISTRAR'S SIGNATURE <i>H. H. H. H.</i>			

(Licensed Embalmer's Statement on Reverse Side)

St. Health,
& Welfare
S. Public
Health ServiceS. 300
v. 1-56The funeral director is responsible for the proper completion of the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

489-0

NS MAR 20 1962

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 *Edgar Wilford*
Licensed Embalmer No. *3394*
P. O. Address *Poplar Bluff*

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.