

STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1957

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 575

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff Twsp.</b>		c. CITY OR TOWN <b>Poplar Bluff</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hwy 53</b>		d. STREET ADDRESS (If outside, give location) <b>RR # 4</b>	
Length of stay in lb <b>37 yrs.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>IUELLA</b> Middle <b>MANSFIELD</b> Last		4. DATE OF DEATH Month <b>Sept</b> Day <b>26</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-7-1887</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Kentucky</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Carter</b>	
13b. MOTHER'S MAIDEN NAME <b>Sally Blackadams</b>		14. NAME OF HUSBAND OR WIFE <b>John Mansfield</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT Address <b>John Mansfield, Poplar Bluff, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broken neck and internal hemorrhage</b>	
DUE TO (b); <b>Multiple injuries</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
DUE TO (c) <b>8124</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>25</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Hit by auto on public highway</b>		<b>012</b>	
20c. TIME OF INJURY Hour <b>8:00 PM</b> Month, Day, Year <b>9-26-57</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State Hwy, 53</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Butler County, Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>8:00 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chover W. Peeler</i> (Degree or title) <b>Coroner 3</b>		22b. ADDRESS <b>Poplar Bluff, Mo.</b>	
22c. DATE SIGNED <b>9-30-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>9-29-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Black Creek</b>	
23d. LOCATION (City, town, or county) (State) <b>Butler Co. Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>Greer Croy &amp; Fitch, Poplar Bluff, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>10/1/57</b>		26. REGISTRAR'S SIGNATURE <i>R. H. Murrell</i>	

RECEIVED

OCT 6 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 Ray J. Adams

Licensed Embalmer No. 4928

P. O. Address Staples 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.