S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Mrs. Aud
State File No. 342

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (In this place): 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): POPLAR BLUFF HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BUTLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
d. STREET ADDRESS (If rural, give location): 309 WILSON

3. NAME OF DECEASED (Type or Print)
a. (First): NANCY
b. (Middle): EMALINE
c. (Last): AUD

4. DATE OF DEATH (Month) (Day) (Year): 2-8-1950

5. SEX: FEMALE
6. COLOR OR RACE: WITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 12-12-1877
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months: 1 Days: 26
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): SILEX (LINCOLN Co.) Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: DANIEL M. HINES
13b. MOTHER'S MAIDEN NAME: ELIZABETH STEPHENS
14. NAME OF HUSBAND OR WIFE: ~~E.J. Hines~~ OSCAR AUD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: E.J. HINES
ADDRESS: NEELYVILLE, MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Hypertension — 2 year
DUE TO (c) — 334X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis, chronic — 6 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 19 Jan., 1948, *to* 8 Feb., 1950, *that I last saw the deceased alive on* 7 Feb., 1950, *and that death occurred at* 1:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Lester Harwell, M.D.
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 8 Feb. 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-12-1950
24c. NAME OF CEMETERY OR CREMATORY: KINZEY CEMETERY
24d. LOCATION (City, town, or county) (State): BUTLER Co., MO.

DATE REC'D BY LOCAL REG.: Feb 9 1950
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE: R.J. SELIGER
ADDRESS: Black Mortuary Corning Ark

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 REC'D
150-81
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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 .....
Student Embalmer

Signed Roman J Selig Jr.

Licensed Embalmer No. 562

P. O. Address Corning, Ark.

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 this body is not embalmed, fact should be so stated above.