

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11710

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 145

| | | | | | |
|--|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ark</u> b. COUNTY <u>Clay</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (In this place) <u>8 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Brown</u> <u>8030</u> | | d. STREET ADDRESS (If rural, give location) <u>Route #1 Success, Ark</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctor's Hospital</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>MELINDA</u> c. (Last) <u>DYAL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 2 1951</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Oct 8, 1882</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmington</u> | 11. BIRTHPLACE (State or foreign country) <u>Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>John T. Miller</u> | | 13b. MOTHER'S MAIDEN NAME <u>Milenda Mulhollen</u> | | 14. NAME OF HUSBAND OR WIFE <u>deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>John H. Dyal (son) 14879 Steer Detroit, Mich</u> | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Cardiac failure</u> DUE TO (c) <u>Chronic Myocarditis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> <u>7 da</u> <u>2 yrs</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4/222</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from <u>10-19-1949</u> , to <u>4-2-1951</u> , that I last saw the deceased alive on <u>3-19-1951</u> , and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Richard L. Emert</u> | | 23b. ADDRESS <u>Poplar Bluff Mo</u> | 23c. DATE SIGNED <u>4/6/51</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Apr 3/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Black</u> | 24d. LOCATION (City, town, or county) (State) <u>Clay County, Ark</u> | | |
| DATE REC'D BY LOCAL REG. <u>April 8-1951</u> | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Richard L. Emert, Conway, Ark.</u> | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

APR 18 1951

BUTLER CO. HEALTH CENTER

FILE No. 451-162

APR 27 1951

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard O. Emmer

Licensed Embalmer No. 782

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.