

FILED OCT 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32724**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 440

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> COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Wayne T.S. Poplar Bluff</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Bollinger Co. 1030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Poplar Bluff Mo, /</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>May</b>	b. (Middle) <b>Bell</b>	c. (Last) <b>Fish</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 15 51</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>June 5 1883</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ridgeway Illinois</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>William Dougless</b>	13b. MOTHER'S MAIDEN NAME <b>Emily Kessner</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Ernest Fish Arab Missouri,</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart disease</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 26, 1951, to Oct. 15, 1951, that I last saw the deceased alive on Oct. 15, 1951 and that death occurred at 2:33 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. H. Johnson M.D.</b>	(Degree or title)	23b. ADDRESS <b>Poplar Bluff Hospital</b>	23c. DATE SIGNED <b>10-17-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-17-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stratman Cemetary</b>	24d. LOCATION (City, town, or county) (State) <b>Bollinger Co Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 17, 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Service Purcell Mo</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

OCT 23 1951  
BUTLER CO. HEALTH CENTER  
FILE No. 1051-466

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Deer, Mo.

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.