

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 011119
Registrar's No. 29

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, write RURAL and give town) POPLAR BLUFF
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF HOSP

2. USUAL RESIDENCE (Where deceased lived? If institution, residence before admission)
a. STATE MO
b. COUNTY Butler
c. CITY (If outside corporate limits, write RURAL and give township) 0120
d. STREET ADDRESS (If rural, give location) Fisk

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES b. (Middle) THOMAS c. (Last) ROSE

4. DATE OF DEATH (Month) (Day) (Year)
1 23 52

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH DEC 2 1881 9. AGE (in years last birthday) 70
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANCIS M ROSE

13b. MOTHER'S MAIDEN NAME HANNAH LOOKABY

14. NAME OF HUSBAND OR WIFE STELLA MAY ROSE

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'S SIGNATURE OR NAME Stella May Rose ADDRESS _____

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) Coronary Occlusion
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 day

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ SUICIDE _____ HOMICIDE _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 22 Jan, 1952, to 23 Jan, 1952 that I last saw the deceased alive on 23 Jan, 1952 and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____

23b. ADDRESS 3200 Poplar Bluff Mo

23c. DATE SIGNED 25 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 01-27-52 24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery

24d. LOCATION (City, town, or county) (State) Dexter Mo.

DATE REC'D BY LOCAL REG. Jan 29 1952

REGISTRAR'S SIGNATURE Wm. H. Johnson

25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell ADDRESS Piggott, Ark.

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

1240

FILED JAN 31 1952

RECEIVED

JAN 28 1952
BUTLER CO. HEALTH CENTER
FILE No. 152-52

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 Leroy J. Tyler

Licensed Embalmer No. 1001 Ark.

P. O. Address Fayette 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.