

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30858

State File No. ....

FILED OCT 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>452</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grandin</u>		<u>1180</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Del.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ISABELL</u> c. (Last) <u>AUBUCHON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2 1952</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u>	8. DATE OF BIRTH <u>Feb. 20, 1887</u>		9. AGE (In years last birthday) <u>65</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 HR. 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>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Pliza Fire</u>		14. NAME OF HUSBAND OR WIFE <u>divorced</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arvil Smith Grandin, Mo.</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>Cerebro-vascular accident, left.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension and arteriosclerosis</u> DUE TO (c) <u>general arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>331X</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)		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>9-23, 1952</u> to <u>10-2, 1952</u> , that I last saw the deceased alive on <u>10-2, 1952</u> , and that death occurred at <u>6:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold Oldenwiskoun M.D.</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>10-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct 4/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Owl Rest</u>		24d. LOCATION (City, town, or county) (State) <u>Carter County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-4-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>4287</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard O. B... Irby Funeral Service Corning, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
OCT 7 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 1052-490

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 MR  
..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard C. Emer

Licensed Embalmer No. 782

P. O. Address Cornig, 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.