

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37835**

DEC 11 1952

BIRTH NO.		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	Registrar's No. <u>536</u>
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> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. #1, Neelyville, Mo.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Verba</b>		b. (Middle) <b>May</b>	c. (Last) <b>Rigdon</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 25 52</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-29-1895</b>	9. AGE (In years last birthday) <b>57</b> if UNDER 1 YEAR Months Days if UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Clay Co., Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Bob Scott</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>James Rigdon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Rigdon, Rt. 1, Neelyville, Mo.</b>	
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) <b>Asphyxiation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cardiac failure</b> DUE TO (c) <b>cerebral hemorrhage</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive (malignant)</b>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>331X</b> 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>11-21-1952</u> , to <u>11-25-1952</u> , that I last saw the deceased alive on <u>11-25-1952</u> , and that death occurred at <u>4:05 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Ed. Muehl, M.D., Poplar Bluff, Mo.</b>		23b. ADDRESS		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-27-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Corning Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Corning Arkansas</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 1 1952</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	428-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Corning Arkansas</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

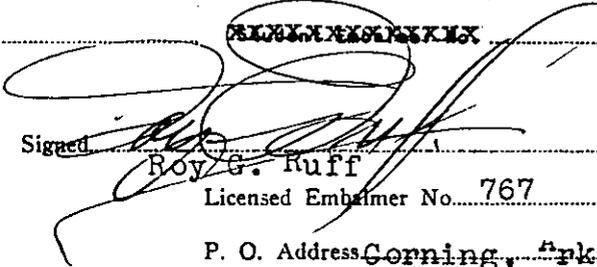
RECEIVED  
DEC 9 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 1252-587

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

working under ~~the supervision of~~ XXXXXX

Student .....  
Student Embalmer

Signed   
Roy G. Ruff  
Licensed Embalmer No. 767

P. O. Address Corning, N.Y.

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.