

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 1 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **404**

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>Carter</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Royal - Johnson</b>	
c. LENGTH OF STAY (in this place) <b>6 Hrs</b>		d. STREET ADDRESS (If rural, give location) <b>Rt 2, Ellsinore</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b> b. (Middle) <b>RHODA</b> c. (Last) <b>Cates</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 20 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>JAN. 20 1876</b>	9. AGE (In years last birthday) <b>77</b> 9 Months Days Hours Min.
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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>- - -</b>	11. BIRTHPLACE (State or foreign country) <b>Carter County Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Gideon Boyer</b>	13b. MOTHER'S MAIDEN NAME <b>MARY Hewett</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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Cates, Rt. 2, Ellsinore Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastro-Enteritis, Acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Paralysis, legs, bilateral, Left arm.</b>		<b>2 years</b>
	DUE TO (c) <b>Cerebral hemorrhage</b>		<b>2 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocarditis, chronic.</b>			<b>Unknown</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **9-20**, 19**53** to **9-20**, 19**53**, that I last saw the deceased alive on **9-20**, 19**53**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. W. Fonda, M.D.</b>	23b. ADDRESS <b>Poplar Bluff Mo</b>	23c. DATE SIGNED <b>9-23-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-23-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Robertson Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carter County, Mo</b>
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DATE REC'D BY LOCAL REG. <b>9/27/53</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
SEP 28 1953  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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**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 Allen C. McFadden

Licensed Embalmer No. 4543

P. O. Address New Britain, 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.