

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**35142**

FILED OCT 21 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 419

|   |   |   |                            |
|---|---|---|----------------------------|
| <b>1. PLACE OF DEATH</b>  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution: residence before admission).                       |                            |
| a. COUNTY<br><b>BUTLER</b>  | b. CITY (If outside corporate limits, write RURAL and give township)<br><b>POPLAR BLUFF</b> | a. STATE<br><b>MISSOURI</b>   | b. COUNTY<br><b>BUTLER</b> |
| c. LENGTH OF STAY (in this place)<br><b>LIFE</b>                  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>POPLAR BLUFF</b> <u>0124</u><br><u>0</u> |                            |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>105 NORTH D ST.</b> |   | d. STREET ADDRESS (If rural, give location)<br><b>105 NORTH D ST.</b>   |                            |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>3. NAME OF DECEASED</b>   |   |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)         |   |  |
| a. (First)<br><b>MAUDE</b>   | b. (Middle)<br><b>MARY</b>              | c. (Last)<br><b>HOWARD</b>  | <b>OCT. 11 1953</b>                                  |   |  |
| <b>5. SEX</b><br><b>FEMALE</b>   | <b>6. COLOR OR RACE</b><br><b>WHITE</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>MARRIED</b> | <b>8. DATE OF BIRTH</b><br><b>DEC. 23, 1882</b>      |   | <b>9. AGE</b> (In years last birthday) <b>70</b> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b> |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>HOME</b>                         |  | <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>MISSOURI</b> |  |
|  |   |   | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.A.</b> |   |  |

|  |  |   |
|--|--|---|
| <b>13a. FATHER'S NAME</b><br><b>UNKNOWN</b>  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>UNKNOWN</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>CHARLES HOWARD</b>       |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | <b>16. SOCIAL SECURITY NO.</b><br><b>NONE</b>      | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>CHARLES HOWARD</b> |
|  |  | <b>ADDRESS</b><br><b>105 N. D. ST. POPLAR BLUFF, MO.</b>          |

|  |  |  |  |
|--|--|--|--|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cardiac Decompensation</b>  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>2 wks</b>                                    |
|  | <b>ANTECEDENT CAUSES</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>DUE TO (b) Hypertensive Heart Dis.</b> |  |  |
|  | <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Diabetes Mellitus</b>       |  |  |
| <b>19a. DATE OF OPERATION</b>  | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>443 X</b>  |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |  |
|---|--|--|
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)           | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                      | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>                      |

**22. I hereby certify that I attended the deceased from July 1953, to Oct 11, 1953, that I last saw the deceased alive on Oct 11, 1953, and that death occurred at 3:12 P.M., from the causes and on the date stated above.**

|   |  |   |  |
|---|--|---|--|
| <b>23a. SIGNATURE</b><br><i>[Signature]</i>                       | (Degree or title)                        | <b>23b. ADDRESS</b><br><b>321 Oak Poplar Bluff, Mo.</b>               | <b>23c. DATE SIGNED</b><br><b>Oct 11 1953</b>                                    |
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>BURIAL</b> | <b>24b. DATE</b><br><b>OCT. 13, 1953</b> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>WOODLAWN CEMETERY</b> | <b>24d. LOCATION (City, town, or county) (State)</b><br><b>POPLAR BLUFF, MO.</b> |

|  |  |  |                |
|--|--|--|----------------|
| <b>DATE REC'D BY LOCAL REG.</b><br><b>10/12/53</b> | <b>REGISTRAR'S SIGNATURE</b><br><i>[Signature]</i> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>BLACK'S MORTUARY CORNING, ARK.</b> | <b>ADDRESS</b> |
|--|--|--|----------------|

RECEIVED  
OCT 19 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 \_\_\_\_\_

*Roman J Selig Jr.*

Licensed Embalmer No. \_\_\_\_\_

562

P. O. Address \_\_\_\_\_

*Roman J Selig Jr.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.