

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4045**  
Registrar's No. **152**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>43</b>  | PRIMARY REG. DIST. NO. <b>3007</b>  | Registrar's No. <b>152</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>Iron</b> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>   |  | c. LENGTH OF STAY (in this place)   | c. CITY OR TOWN <b>Vulcan</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp.</b>   |  |   | e. STREET ADDRESS (If rural, give location) <b>None</b>   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Celest</b> b. (Middle) <b>e</b> c. (Last) <b>Rafella Ennis</b>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan 30, 1955</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>May 19, 1879</b>  | 9. AGE (In years last birthday) <b>75</b>  | IF UNDER 1 YEAR Months Days 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   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Monroe, Indiana</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>           |
| 13a. FATHER'S NAME <b>Layfayette Payton</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Susanna Jones</b>  | 14. NAME OF HUSBAND OR WIFE <b>Thomas J. Ennis</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.   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>T.J. Ennis, Vulcan, Mo.</b>  |  |  |
| 18. CAUSE OF DEATH<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, asthenia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Complete heart block</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>one day</b> |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY? <b>4330</b><br>YES <input type="checkbox"/> NO <input checked="" 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 <b>December 2, 1954</b> , to <b>January 20, 1955</b> , that I last saw the deceased alive on <b>January 20, 1955</b> , and that death occurred at <b>6:15 P.M.</b> from the causes and on the date stated above. |  |   |   |  |  |
| 23a. SIGNATURE <b>[Signature]</b> (Degree or title)   |  | 23b. ADDRESS <b>Poplar Bluff, Missouri</b>  |   | 23c. DATE SIGNED <b>2-1-55</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 24b. DATE <b>489 2-3-55</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cem.</b>  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>   |  |  |
| DATE REC'D BY LOCAL REG. <b>2/17/55</b>   | REGISTRAR'S SIGNATURE <b>[Signature]</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank-Cotrell Poplar Bluff, Mo.</b>   |  |  |

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

RECEIVED  
FEB 20 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

MAR 1 1955

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Wallace R. Kriz

Licensed Embalmer No. 4  
412 Wm  
P. O. Address Poplar Bluff

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.