

FILED MAR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8633**

BIRTH NO. _____		REG. DIST. NO. <u>102</u>		PRIMARY REG. DIST. NO. <u>4174</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cardwell, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cardwell, Mo.</u>			
c. LENGTH OF STAY (In this place) <u>30 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>Gen. Del. Cardwell, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Rosie</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Hendrix</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>7</u>		(Year) <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 7, 1956</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
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 _____		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Will Turpin</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Wright</u>			14. NAME OF HUSBAND OR WIFE <u>Mr. Artie Hendrix</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Artie L. Hendrix</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE</u> <u>CARDIAC ENLARGEMENT, MYOCARDIUM & RENAL INSUFFICIENCY</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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 <u>Jan 7, 1956</u> to <u>Mar 7, 1956</u> , that I last saw the deceased alive on <u>Mar 7, 1956</u> and that death occurred at <u>3:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. M. Mohler, Jr. M.D.</u> (Degree or title)				23b. ADDRESS <u>Senath, Mo</u>		23c. DATE SIGNED <u>3-14-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cardwell, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-30-56</u>		REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Farmers Union F. Home, Jonesboro, Ark.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. MOHLER

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-28-2

COUNTY FILE NUMBER 356

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 _____

Jerry E. Cravens
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Jerry E. Cravens

Licensed Embalmer No. Ark. 997

P. O. Address Conshers, 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.