

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15685

STATE FILE NUMBER

Registration District No. 43

Primary Registration District 3007

Registrar's 299

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler 0124	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff 0		c. CITY OR TOWN Poplar Bluff	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		Length of stay in lb Life	
d. STREET ADDRESS 909 S. 11 Th.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ROSA ^{First} MAY ^{Middle} HENDRIX ^{Last}		4. DATE OF DEATH Month 5 Day 10 Year 56	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-30-1875
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Butler Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jerry Wood		14. MOTHER'S MAIDEN NAME Davidson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Address Poplar Bluff		Robert Hendrix 909 S. 11th.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia Hypostatic</i> DUE TO (b) <i>Laying in bed</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Fractured right femur,</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Fell striking head to floor</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour 6 p. m. Month 4 Day 24 Year 56			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>	20f. CITY, TOWN, OR LOCATION <i>Poplar Bluff</i>	COUNTY <i>Butler</i>
21. I attended the deceased from 5-1-1956 to 5-10-1956 and last saw her alive on 5-10-1956		Death occurred at 11:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>M. Hennrichsen MD</i>		22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 5-14-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-13-56	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
24. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 5/15/56	26. REGISTRAR'S SIGNATURE <i>R. D. Muecke</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

MAY 24 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Ray F. Adams* _____
Licensed Embalmer No. *4*

P. O. Address *Fogelsville Pa.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.