FILED JUN 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 19752

Registration District No. 43 Primary Registration District No. 3001 Registrar's No. 342

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hosp. — Length of stay in 1b 40 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff 0 24 5 — Inside Limits Yes X No ☐
d. STREET ADDRESS 607 N. Main St. (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First EMMA Middle Last MEADOWS
4. DATE OF DEATH Month 6 Day 12 Year 56
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 7-13-1875
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saleswoman
10b. KIND OF BUSINESS OR INDUSTRY store business
11. BIRTHPLACE (City and state or country) Dalton,, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Fred Roedken
14. MOTHER'S MAIDEN NAME Ursula Lutcher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. none
17. INFORMANT Wilfred Meadows Address 607 N. Main. Poplar Bluff

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Suddenly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Several Yr
DUE TO (c) Generalized advanced arteriosclerosis — Several yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4 200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 28, 1956 to June 12, 1956 and last saw her alive on 6-12-56
Death occurred at 6:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James W. Phelan Jr (Degree or title) MD
22b. ADDRESS Poplar Bluff,, Mo.
22c. DATE SIGNED 6-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-21-1956
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State) Poplar Bluff,, Mo.

24. FUNERAL DIRECTOR Greer Croy & Fitch ADDRESS Poplar Bluff,, Mo.
25. DATE RECD. BY LOCAL REG. 6/16/56
26. REGISTRAR'S SIGNATURE R H Mueller Registrar

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casualty related. Coroner cannot certify to a death due to natural causes.

RECEIVED
JUN 18 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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wallace N. Fitch

Licensed Embalmer No. 3

P. O. Address Poplar Bl

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.