

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22680

State File No. ....

FILED JUL 18 1949

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 270

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF MO</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>309 So Wilson St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOSCAR</u> b. (Middle) <u>E.</u> c. (Last) <u>AUD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12-1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 8-1872</u>	
9. AGE (In years, last birthday) <u>77</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 14 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>NORRIS CITY, ILL</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CON LABOR</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>NORRIS CITY, ILL</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>WILLIAM AUD</u>	
13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SATTERFIELD</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA AUD POPLAR BLUFF</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emma Aud Poplar Bluff MO</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>Cerebral Apoplexy, acute</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterial Hypertension, indefinite</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Apoplexy, old</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		444X	
3 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Min.) _____	
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>10 Apr. 1946</u> , to <u>12 July, 1949</u> , that I last saw the deceased alive on <u>9 July, 1949</u> , and that death occurred at <u>1-2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arthur Harwell, M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	
23c. DATE SIGNED <u>15 July 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JULY 14-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN Cem.</u>	
24d. LOCATION (City, town, or county) <u>Poplar Bluff, Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>July 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Phelps</u>		ADDRESS <u>Poplar Bluff MO</u>	

JUL 25 REC'D

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF MISSOURI

749-200

**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.

Signed N. T. Phelps

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff Mo

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.