

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43603**

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>13</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>12 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) <u>FRANCES</u> (Type or Print)			b. (Middle) <u>HELEN</u>		c. (Last) <u>RING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-49</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>1-12-1903</u>		9. AGE (In years last birthday) <u>46</u> 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) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Sanford Rose</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Brandon</u>		14. NAME OF HUSBAND OR WIFE <u>Lui Ring</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fatal injuries, Multiple</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto accident</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>28194</u> <u>31</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT • (Specify) SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm to Market Rd</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Van Buren Carter Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-15-49 8:00 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car Crashed into tree</u>					
22. I hereby certify that I attended the deceased from <u>12-15-49 4:40</u> to <u>12-16-1949</u> , that I last saw the deceased alive on <u>12-16-1949</u> , and that death occurred at <u>2:30 am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. H. J. J. J.</u>				(Degree or title)		23b. ADDRESS			
23c. DATE SIGNED <u>12-31-49</u>		23d. SIGNATURE <u>W. H. J. J. J.</u>		23e. ADDRESS		23f. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linwood Cemetery, Paragould, Ark.</u>		24d. LOCATION (City, town, or county) (State) <u>Paragould, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 9/1950</u>		REGISTRAR'S SIGNATURE <u>Wm. Johnson</u>		428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. J. J. J. Rector, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

150-33

JAN 16 RECD

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
Student Embalmer

Signed

Robert D. Cranford

Licensed Embalmer No.

826

P. O. Address

Rector, 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.