S. No. 300
. 10.48

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

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11327

State File No. 11327

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 274

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 2 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dudley
d. STREET ADDRESS (If rural, give location): 1020 / 1

3. NAME OF DECEASED (Type or Print)
a. (First): Alonza
b. (Middle): NMI
c. (Last): Fields

4. DATE OF DEATH (Month) (Day) (Year): April 20 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 16, 1870
9. AGE (In years last birthday): 84 — If under 1 year: Months 3, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Dexter, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alvis Fields
13b. MOTHER'S MAIDEN NAME: Lydia Riddle
14. NAME OF HUSBAND OR WIFE: Julia Riddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ————————
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Julia Riddle — **ADDRESS**: Dudley, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart
DUE TO (c) Disease — 9

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Aug, 1953, *to* 20 Apr, 1954, *that I last saw the deceased alive on* 20 Apr, 1954, *and that death occurred at* 12:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Dixon MD
23b. ADDRESS: 320 Lock Poplar Bluff Mo
23c. DATE SIGNED: 23 Apr 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 22, 1954
24c. NAME OF CEMETERY OR CREMATORY: Dudley Cemetery
24d. LOCATION (City, town, or county) (State): Dudley Missouri

DATE REC'D BY LOCAL REG.: 4/24/54
REGISTRAR'S SIGNATURE: O. A. Mitchell 431
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Watkins Funeral Ser. Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 26 1954
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 embalmed by me, or by_____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Poplar, 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.