

FILED JAN 24 1955 STANDARD CERTIFICATE OF DEATH

State File No. 357

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <b>Butler</b> 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Dexter</b>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 days</b>		e. STREET ADDRESS (If rural, give location) <b>Star Route 1031</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosie</b> b. (Middle) <b>Samantha</b> c. (Last) <b>Ward</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 9, 1955</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Sept. 27, 1894</b>	9. AGE (In years last birthday) <b>60</b>	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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeper</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Joseph Co. Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Joel Ward</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Adelesteen</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>XX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. John Smith Dexter, Mo</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction, acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thyrototoxic Heart Disease</b> <b>Unknown</b>		
	DUE TO (c) <b>Thyrototoxicosis</b> <b>Unknown</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Stasis ulcer of left leg</b>			<b>Unknown</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>2520</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 1-7-55, 1955, to 1-9-, 1955, that I last saw the deceased alive on 1-9-, 1955, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert Chugelhard M.D.</b>		23b. ADDRESS <b>Lopack Bluff, Mo</b>		23c. DATE SIGNED <b>1/10/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Jan. 11, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dexter cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>1/14/55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Funeral Ser. Dexter, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 17 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Mark Watkins \_\_\_\_\_

Licensed Embalmer No. 4712

P. O. Address Defton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.