

FILED NOV 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32376  
Registrar's No. 32376

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bulter</u>  |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Bulter</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>Poplar Bluff</u> | c. LENGTH OF STAY (in this place)<br>_____ | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Poplar Bluff</u>   | d. STREET ADDRESS (If rural, give location)<br><u>111 North D. St.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>111 North D. St.</u>                      |  | d. STREET ADDRESS (If rural, give location)<br><u>111 North D. St.</u>  |  |

|  |                              |                           |                     |                 |                    |
|--|------------------------------|---------------------------|---------------------|-----------------|--------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |                              |                           | 4. DATE OF DEATH    |                 |                    |
| a. (First) <u>Rebecca</u>              | b. (Middle) <u>Elizabeth</u> | c. (Last) <u>Ragsdale</u> | (Month) <u>Oct.</u> | (Day) <u>27</u> | (Year) <u>1955</u> |

|                      |                               |   |   |  |  |  |
|----------------------|-------------------------------|---|---|--|--|--|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, <sup>2</sup> WIDOWED, DIVORCED (Specify)<br><u>widowed</u> | 8. DATE OF BIRTH<br><u>Dec 10, 1869</u> | 9. AGE (In years less birthday)<br><u>85</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---|--|--|--|

|  |   |   |  |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Domestic</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>housewife</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Alabama</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
|--|---|---|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><u>George Brown</u> | 13b. MOTHER'S MAIDEN NAME<br><u>no record</u> | 14. NAME OF HUSBAND OR WIFE<br><u>deceased</u> |
|---|---|--|

|   |  |  |
|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br><u>Mrs. Leva Burgin 111 No D St Poplar Bluff, Mo.</u> |
|---|--|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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*<br><u>Cardiac Decompensation</u><br><br>ANTECEDENT CAUSES<br><u>Nyctemur Heart Disease</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 wks</u><br><br><u>?</u> |
|   | II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) | 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 Sept 1955 to 27 Oct 55, that I last saw the deceased alive on 26 Oct., 1955, and that death occurred at 1:45P m., from the causes and on the date stated above.

|  |  |                                      |
|--|--|--------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>[Signature]</u> | 23b. ADDRESS<br><u>1214 Poplar Bluff Mo 25001-55</u> | 23c. DATE SIGNED<br><u>28 Oct 55</u> |
|--|--|--------------------------------------|

|  |                              |   |   |
|--|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 24b. DATE<br><u>10/29/55</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Woodlawn</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Poplar Bluff, Mo.</u> |
|--|------------------------------|---|---|

|   |   |  |                                |
|---|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>10/28/55</u> | REGISTRAR'S SIGNATURE<br><u>[Signature]</u> | FUNERAL DIRECTOR'S SIGNATURE<br><u>[Signature]</u> | ADDRESS<br><u>Corning, Ark</u> |
|---|---|--|--------------------------------|

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

RECEIVED  
OCT 31 1955  
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 \_\_\_\_\_ me

-----  
Student Embalmer No. -----

working under my personal supervision.

Student -----  
Student Embalmer-----

Signed

*Richard O. Emerick*

Licensed Embalmer No. 782

P. O. Address Corning, 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.