

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3884**

FILED MAR 8 1957

| | | | | | | | |
|---|-------------------------------|---|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 43 | | PRIMARY REG. DIST. NO. 3007 | | Registrar's No. 194 | |
| 1. PLACE OF DEATH a. COUNTY Butler | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Butler | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | | c. LENGTH OF STAY (in this place) 6 Mos. | | c. CITY OR TOWN Poplar Bluff | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 116 E. Davis St. | | | | e. STREET ADDRESS (If rural, give location) 116 E. Davis | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Rose | | | b. (Middle) (None) | | c. (Last) White | | 4. DATE OF DEATH (Month) (Day) (Year) 2 24 1957 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 5-20-1887 | | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months 9 Days 4 | IF UNDER 24 HRS. Hours 4 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Mt. Vernon, Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Jim Leggons | | | 13b. MOTHER'S MAIDEN NAME Mary Daugherty | | 14. NAME OF HUSBAND OR WIFE T.M. White | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.M. White Poplar Bluff, Missouri | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES Hypertensive Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Cerebral Hemorrhage | | | | INTERVAL BETWEEN ONSET AND DEATH 2 wks ? 2 wks | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | 443x 2 | |
| 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 5:00 p.m., 1957 to 2:47 p.m., 1957 , that I last saw the deceased alive on 2/26/57 , and that death occurred at 11:15 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) [Signature] | | | | 23b. ADDRESS 3210 E. Poplar Bluff, Mo. | | 23c. DATE SIGNED 2/26/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2-26-57 | 24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery | | 24d. LOCATION (City, town, or county) (State) Near Clarkton, Missouri | | |
| DATE REC'D BY LOCAL REG. 2/26/57 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd Russell - Poplar Bluff, Mo. | | | |

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

RECEIVED

MAR 4 1957

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 _____
Signature of Student Embalmer _____

Signed *Lloyd Russell*
Licensed Embalmer No. 509-0

P. O. Address *Piquette, Ar*

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.