

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1957

57 0 27 6 4 5
 STATE FILE NUMBER
 5143
 Registrar's No. 53K

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 53K

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY BUTLER		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF <i>Twp.</i>		a. STATE MISSOURI		b. COUNTY WAYNE	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION GOODWILL NURSING HOME		Length of stay in lb 2YR.		c. CITY OR TOWN CLUBB		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) RUFUS				4. DATE OF DEATH AUG. 20 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 5, 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) ARK.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME UNKNOWN				14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO.		17. INFORMANT MRS. R. T. JOHNSON			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Nephro-sclerosis with Terminal Uremia</i> DUE TO (b) <i>Cerebral + Generalized Arteriosclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Senility + progressive general debility - bed-fast 1-1/2 yrs</i>				19. INTERVAL BETWEEN ONSET AND DEATH 2 yrs - 446X 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY		Hour Month, Day, Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Edward N. Lewis, M.D.</i>				22b. ADDRESS Poplar Bluff, Mo		22c. DATE SIGNED 9/3/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG. 22, 1957		23c. NAME OF CEMETERY GRAHAM CEM.		23d. LOCATION (City, town, or county) CLUBB MISSOURI	
24. FUNERAL DIRECTOR M. E. Bowles				25. DATE RECD. BY LOCAL REG. 9/3/57		26. REGISTRAR'S SIGNATURE <i>R.H. Muntz</i>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 9 - 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 e
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ray C. [Signature]

Licensed Embalmer No.

P. O. Address.....
York Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.