

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 3050 Registrar's No. 1

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

1. PLACE OF DEATH a. COUNTY <u>Demarcat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Herbwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>456 crest ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hazel</u> b. (Middle) _____ c. (Last) <u>Mornings</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29 1948</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>	
8. DATE OF BIRTH <u>Aug-22-1891</u>		9. AGE (In years last birthday) <u>57</u>		10. IF UNDER 1 YEAR: Months <u>4</u> Days <u>8</u>	
11. BIRTHPLACE (State or foreign country) <u>Mound City Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Mound City Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jeff Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Amie Anderson</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. J. Fisher</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac failure</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Previous old cerebral accident</u>			10-15 yrs
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Hypertensive Cardio-vascular disease</u>			3-3 yrs
DUE TO (c) _____		DUE TO (b) _____			_____

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>1122</u>		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) <u>93D</u>	
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 8-31-, 1948, to 9-6-, 1948, that I last saw the deceased alive on 9-6-, 1948, and that death occurred at 1:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>J. W. Cook M.D.</u>		23b. ADDRESS <u>Caruthersville Mo</u>		23c. DATE SIGNED <u>1-3-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 31, 1948</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Demarcat Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Lutzinger</u> ADDRESS <u>W. H. Lutzinger Co. Caruthersville, Mo</u>			

DATE REC'D BY LOCAL REG. <u>Jan 17-1949</u>		REGISTRAR'S SIGNATURE <u>Fred B. Wilke</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Lutzinger</u> ADDRESS <u>W. H. Lutzinger Co. Caruthersville, Mo</u>	
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1-49-35

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.

Signed _____

Noel C. Deane

Signed _____

Student Embalmer

Licensed Embalmer No. *3941*

P. O. Address *Cantonville, Va.*

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.