

No. 300
10.48

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16788

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BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pemiscot</i>	
b. CITY OR TOWN <i>Caruthersville</i>		c. CITY OR TOWN <i>Caruthersville</i>	
c. LENGTH OF STAY (in this place) <i>1</i>		d. STREET ADDRESS (If rural, give location) <i>609 E 19th St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5504 E 19th St.</i>			

3. NAME OF DECEASED (Type or Print) <i>Arthur W. Sides</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May-10-1949</i>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb-17-1894</i>	9. AGE (In years last birthday) <i>55</i>	10. UNDER 1 YEAR <i>5</i>	11. UNDER 10 HRS. <i>28</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Oshland Mississippi</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Marion Sides</i>		13b. MOTHER'S MAIDEN NAME <i>Melinda Wilson</i>		14. NAME OF HUSBAND OR WIFE <i>Mattie Sides</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Mattie Sides</i> ADDRESS <i>Caruthersville</i>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Tuberculosis, chronic pulmonary</i>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				
	DUE TO (b) <i>Hereditary.</i>				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				<i>1202X</i>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from *11/15/48*, 19____, to *5/10/49*, 19____, that I last saw the deceased alive on *5/8/49*, 19____, and that death occurred at *9:50 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Caruthersville, Mo.</i>	23c. DATE SIGNED <i>5/2 1949</i>
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24a. BURIAL, CREMATION, REMOVAL <i>Burial</i>	24b. DATE <i>5-11-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Little Prairie</i>	24d. LOCATION (City, town or county) (State) <i>Caruthersville Mo.</i>
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DATE REC'D BY LOCAL REG. <i>May 25, 1949</i>	REGISTRAR'S SIGNATURE <i>Tressie B. Wick</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Noel C. Deane</i> ADDRESS <i>Caruthersville Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

5-49-141

APR 27 1914

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 Countryside

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.