

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31252**

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (In this place) <u>26 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		<u>78</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>409 E. 12th, St. /</u>				d. STREET ADDRESS (If rural, give location) <u>409 E. 12th, St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIE</u>			b. (Middle) <u>MAE</u>		c. (Last) <u>GIVENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1949</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 31, 1908</u>	
9. AGE (In years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		9. AGE (In years last birthday) <u>41</u>	
11. BIRTHPLACE (State or foreign country) <u>Oneida, Arkansas /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		11. BIRTHPLACE (State or foreign country) <u>Oneida, Arkansas /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nathan Givens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nathan Givens Caruthersville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u> <u>171X</u>
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) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pemiscot Mo.</u>			
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?			
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>47</u> , to <u>Sept</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-3-</u> , 19 <u>49</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. W. Cook M.D.</u>				23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>9-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 13, 1949</u>		REGISTRAR'S SIGNATURE <u>Fred B. Wilkes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. SMITH</u>		ADDRESS <u>FUNERAL HOME CARUTHERSVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 2

9-49-253

MS APR 1 C 1958

SEP 17 REC'D

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
Student Embalmer

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, Mo.

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.