No. 300
10-48

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Kuter

State File No. 31254

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 78

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

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caruthersville
c. LENGTH OF STAY (in this place) 23 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 411 Eastwood ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caruthersville
d. STREET ADDRESS (If rural, give location) 411 Eastwood ave.

3. NAME OF DECEASED (Type or Print) a. (First) ELLEN b. (Middle) c. (Last) MC KEETHEN

4. DATE OF DEATH (Month) (Day) (Year) Sept-25-1949

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept-10-1869
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months | Days 15 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Ayer Co. Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Bowles
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Ott Boyd Caruthersville Mo.

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) Chronic myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Same
extension
DUE TO (c) Carcinoma face

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 190X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____ 1940 to _____, 1949, that I last saw the deceased alive on* Sept 23 1949, *and that death occurred at* Apr 25 *m., from the causes and on the date stated above.*

23a. SIGNATURE J B Luten (Degree or title) MD
23b. ADDRESS Caruthersville Mo
23c. DATE SIGNED 10-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-26-49
24c. NAME OF CEMETERY OR CREMATORY Little prairie
24d. LOCATION (City, town, or county) Caruthersville (State) Mo.

DATE REC'D BY LOCAL REG. 10-3-49
REGISTRAR'S SIGNATURE Lessie B. Wiles 247
25. FUNERAL DIRECTOR'S SIGNATURE Noel C. Dean ADDRESS Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

10-49-277

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. Dean

Signed _____
Student Embalmer

Licensed Embalmer No. 3941

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.