

THE DIVISION OF HEALTH OF MISSOURI
FILED DEC 2 1949 STANDARD CERTIFICATE OF DEATH

State File No. 38159

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Tennessee b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis	
c. LENGTH OF STAY (In this place) 3 hrs.		d. STREET ADDRESS (If rural, give location) 2562 School Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 610 Highland Ave. A			

3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) Agnes c. (Last) Page			4. DATE OF DEATH (Month) (Day) (Year) November 28, 1949		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 27, 1913		9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-Saleslady				10b. KIND OF BUSINESS OR INDUSTRY Home-Dress Shop				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? Pemiscot County U.S.A.			
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13a. FATHER'S NAME Timothy Cecil Culp			13b. MOTHER'S MAIDEN NAME Emma Elliot			14. NAME OF HUSBAND OR WIFE M. Ralph Page		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME M. Ralph Page		ADDRESS 2562 School Ave. Memphis, Tenn.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus						Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____						1949	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastasis of Carcinoma, Anemia						Unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **11/28, 1949**, to **11/28, 1949**, that I last saw the deceased alive on **11/28, 1949**, and that death occurred at **7⁰² p.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. B. Snapp Jr. (Degree or title) M.D.		23b. ADDRESS Caruthersville, Mo.		23c. DATE SIGNED 11/30/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 30, 1949		24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery		24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.	
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DATE REC'D BY LOCAL REG. Nov. 30, 1949		REGISTRAR'S SIGNATURE Irene B. Wilkie		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith		ADDRESS Funeral Home C'ville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-49-346

FEB 16 1950

DEC 5 1949

NOV 30 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 William D. Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville

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.