No. 300
10.48
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FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1932

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 14

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) 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

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 0781
d. STREET ADDRESS (If rural, give location) 7th st. Cheffin add.

3. NAME OF DECEASED (Type or Print) a. (First) Climitine b. (Middle) c. (Last) Floyd

4. DATE OF DEATH (Month) (Day) (Year) Jan-27-1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Dec-29-1866
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days 28 IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME John Perkins
13b. MOTHER'S MAIDEN NAME Maratha Bradley
14. NAME OF HUSBAND OR WIFE None

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 W. J. Floyd. Caruthersville Mo. ADDRESS

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 14 days

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 493X

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* 1-14, 1950, *to* 1-14, 1950, *that I last saw the deceased alive on* 1-14, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. J. Agnew, M.D.
23b. ADDRESS Caruthersville Mo.
23c. DATE SIGNED 1-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan-28-1950
24c. NAME OF CEMETERY OR CREMATORY Homer Cemetery
24d. LOCATION (City, town, or county) Homersville (State) Mo.

DATE REC'D BY LOCAL REG. Feb. 2, 1950
REGISTRAR'S SIGNATURE Tressie B. Wilks 1247
25. FUNERAL DIRECTOR'S SIGNATURE Noel C. Dean ADDRESS Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

2-50-45

FEB 6 RECD

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: Arnold R. Moon

Licensed Embalmer No. 4636

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.