

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24205**

BIRTH NO. 51384-50 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5709 Registrar's No. 65

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 OR TOWN <u>Rural Little Prairie</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Little Prairie</u> <u>0787</u>	
c. LENGTH OF STAY (in this place) <u>4 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1 Caruthersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1 Caruthersville</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Manuel</u>			July 28 1950			
b. (Middle) <u>Ester</u>			c. (Last)			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Indian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 10, 1950</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Caruthersville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>X</u>

13a. FATHER'S NAME <u>Ysabel Ester</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Cerda</u>		14. NAME OF HUSBAND OR WIFE <u>X</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ysabel Ester Rt. 1 Caruthersville Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mucous Colitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville, Pemiscot, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 7-27-, 1950, to 7-28-, 1950, that I last saw the deceased alive on 7-28-, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. S. Smith, M.D.</u> (Degree or title)	23b. ADDRESS <u>Caruthersville, Mo.</u>	23c. DATE SIGNED <u>7-29-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>July 31, 1950</u>	REGISTRAR'S SIGNATURE <u>Fessie B. Wilk</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. S. Smith Funeral Home 808 Ward Ave Caruthersville, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8-50-212

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

400 105072

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 \_\_\_\_\_

working under my personal supervision.

*This body was not embalmed.*

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *W. Denver Fike*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.