

FILED OCT 13 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31239**

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Demarcat
b. CITY (If outside corporate limits, write BURIAL and give township) Cauthersville
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Demarcat 0782
c. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN Cauthersville
d. STREET ADDRESS (If rural, give location) Burg ave & River 7 route

3. NAME OF DECEASED
a. (First) JOSIE b. (Middle) BEE DINGS c. (Last) BEE DINGS
4. DATE OF DEATH (Month) (Day) (Year) Oct - 2 - 1950

5. SEX Female **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Oct-19-1972 **9. AGE** (In years) (Month) (Day) (Year) 78 IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour **10b. KIND OF BUSINESS OR INDUSTRY** None **11. BIRTH PLACE** (State or foreign country) Lake Co. Tenn. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Unknown **13b. MOTHER'S MAIDEN NAME** Betty Johnson **14. NAME OF HUSBAND OR WIFE** None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) ✓ **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Ms. Mattie Boothe **ADDRESS** Cauthersville

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown - this person died
MORIBUND CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) due to (b) seeking med. attention
the underlying cause was due to (c) _____

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
7955

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) _____ **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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A. DeWitt, Coroner **23b. ADDRESS** Waverly, Mo. **23c. DATE SIGNED** 10-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Demarcat **24b. DATE** Oct-4-1950 **24c. NAME OF CEMETERY OR CREMATORY** Little prairie **24d. LOCATION** (City, town, or county) (State) Cauthersville, Mo.

DATE REC'D BY LOCAL REG. 10-9-1950 **REGISTRAR'S SIGNATURE** Jessie B. Welch **25. FUNERAL DIRECTOR'S SIGNATURE** La Forge and Co. Cauthersville **ADDRESS** Mo.

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

782
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10-50-270

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

OCT 11 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

Rand Q. Moore

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.