

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Cain

31240

State File No.

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Pemscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u> <u>0782</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>400 Cotton ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>400 Cotton Ave</u>		e. STREET ADDRESS (If rural, give location) <u>400 Cotton ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u> b. (Middle) <u>C.</u> c. (Last) <u>HAWKINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-19-1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb-28-1878</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR (Months) (Days) <u>15 21</u>	11. UNDER 18 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Macon County Ill</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Samuel R. Carrigan</u>	13b. MOTHER'S MAIDEN NAME <u>Ester Ann Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Hawkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Hawkins</u>	18. ADDRESS <u>Caruthersville, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia type with pleurisy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
	DUE TO (c) <u>hemiplegia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hemiplegia</u>		334X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Aug 12, 1950 to Aug 19, 1950 that I last saw the deceased alive on Aug 19, 1950, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. O. Cain</u> (Degree or title)	23b. ADDRESS <u>Caruthersville</u>	23c. DATE SIGNED <u>8-23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-26-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Plains</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-9-1950</u>	REGISTRAR'S SIGNATURE <u>Tressie B. Wilks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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9-50-248

State of Missouri, Health Department,
Jefferson City, Missouri

SEP 16 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

Noel C. Deane

Licensed Embalmer No.

3941

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.