

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43968

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ark.</u> b. COUNTY <u>Phillips</u>		
b. CITY OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>	c. CITY OR TOWN <u>Helena</u> <u>8030</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1309 Post Ave</u>			d. STREET ADDRESS (If rural, give location) <u>unknown</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHNNIE</u>		b. (Middle)		c. (Last) <u>LEE</u>	
4. DATE OF DEATH (Month) - (Day) (Year) <u>Dec - 22 - 50</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>unknown about 50 years</u>	9. AGE (In years last birthday) <u>about 50 years</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>labour</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Day Labour</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Robert Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Elorna Hutchinson</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Lee</u> ADDRESS <u>Caruthersville</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac failure</u>		ANTECEDENT CAUSES (b) <u>acute dilatation of heart</u>			<u>2 hrs</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<u>2 hrs -</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pemiscot Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 22, 1950</u> , to <u>Dec 22, 1950</u> , that I last saw the deceased alive on <u>9:00 P.M., 1950</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. W. Cook M.D.</u> (Degree or title)			23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>12-26-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>					
DATE REC'D BY LOCAL REG. <u>2-12-1951</u>		REGISTRAR'S SIGNATURE <u>Fred B. Walker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co. Caruthersville</u> ADDRESS	

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

0782

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2-51-56

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

FEB 17 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 *Amos R. Moon*

Licensed Embalmer No. *4636*

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.