

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2039

State File No.

FILED JAN 30 1951

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Pemiscot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pemiscot

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Little Prairie Township

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little Prairie Township

d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 Caruthersville

d. STREET ADDRESS (If rural, give location) Route 1 Caruthersville 0780

3. NAME OF DECEASED
a. (First) Charles b. (Middle) William c. (Last) Unchurch

4. DATE OF DEATH (Month) (Day) (Year)
Jan 16 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 8, 1868

9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Paris, Tennessee

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hub Unchurch

13b. MOTHER'S MAIDEN NAME Tyler

14. NAME OF HUSBAND OR WIFE Bettie Unchurch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. T. Sims Caruthersville, Mo.

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.
DUE TO (b) Hypertensive C.V. disease
DUE TO (c) 43X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis, Chronic

INTERVAL BETWEEN ONSET AND DEATH
2-3 days
10 yrs
6 mos.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Caruthersville Pemiscot, Mo.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none

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 Dec 8, 1950, to Jan 16, 1951, that I last saw the deceased alive on Dec 8, 1950, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. W. Cook M.D.

23b. ADDRESS Caruthersville, Mo.

23c. DATE SIGNED Jan 18, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/17/51

24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery 24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.

DATE REC'D BY LOCAL REG. Jan. 23, 1951 REGISTRAR'S SIGNATURE Freddie B. Webb

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. S. Smith Funeral Home Caruthersville, Mo.

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

5780
1

1-51-23

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

JAN 29 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.

Signed.....
Student Embalmer

Signed

Robert H. McLean
.....
Licensed Embalmer No. 4732

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.