

STANDARD CERTIFICATE OF DEATH

20898

FILED JUL 2- 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 54

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|--|--|---|--|--|--|
| 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 Caruthersville, | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville, <u>0782</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Scotts Alley Rear W. 8th St. | | d. STREET ADDRESS Scotts Alley Rear W. 8th St. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Unknown c. (Last) Love | | | 4. DATE OF DEATH (Month) (Day) (Year) 6 28 51 | | |
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| 5. SEX Female <u>3</u> | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u> | 8. DATE OF BIRTH Jan --- 1869 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months 6 | IF UNDER 24 HRS. Days Unknown |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping | | 11. BIRTHPLACE (State or foreign country) Kansas City, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
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| 13a. FATHER'S NAME Lee Casey | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Marion Love | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Ollie D. Barnhill | | ADDRESS Scotts Alley Caruthersville. | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | Cerebral accident | | 1 week | |
| | | ANTECEDENT CAUSES | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | Hypertensive C.V. Disease | |
| | | DUE TO (b) | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | none | |

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| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION 443X | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Caruthersville, Pemiscot, Mo. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 June 21, 1951, to June 28, 1951, that I last saw the deceased alive on June 27, 1951, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE D. W. Cook M.D. | | (Degree or title) | | 23b. ADDRESS Caruthersville, Mo. | | 23c. DATE SIGNED 6-29-51 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1 July 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Marion Ridge cemetery | | 24d. LOCATION (City, town, or county) (State) Caruthersville, Mo. | |
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| DATE REC'D BY LOCAL REG. June 29, 1951 | | REGISTRAR'S SIGNATURE Freddie B. Wilcox | | 25. FUNERAL DIRECTOR'S SIGNATURE P. B. Woods | | ADDRESS 316 E. 1st St. Caruthersville, Mo. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

782

C - 51 - 161

PLAT 62-900000-92 7000

JUN 30 1951

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

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 *P. B. Woods*

P. B. Woods
Licensed Embalmer No. 4833

P. O. Address Box 766, Caruthersville
Missouri.

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.