

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22607

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>87</u>									
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Pemiscot</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett, Mo.</u>		c. LENGTH OF STAY (In this place) <u>3 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville, Mo.</u>				<u>0782</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>209 1/2 E. 13th</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifton</u>			b. (Middle) <u>W.</u>			c. (Last) <u>Waters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July - 21 1951</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>7 April 1913</u>		9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Section Hand</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Caruthersville, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>Fred Waters</u>				13b. MOTHER'S MAIDEN NAME <u>Tiny Holmes</u>				14. NAME OF HUSBAND OR WIFE <u>Ruth Robinson Waters</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war and dates of service) <u>W. W. #2</u>				16. SOCIAL SECURITY NO. <u>498 10 0763</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Tiny Waters</u> <u>300 E. 13th St.</u> <u>Caruthersville, Mo</u>									
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Many knife stab wounds in chest - great hemorrhage -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hemorrhage -</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E982X</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>300-124</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville, Pemiscot, Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-21-1951 8 m.</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>7-21</u> , 19 <u>51</u> , to <u>7-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-21</u> , 19 <u>51</u> , and that death occurred at <u>7-21</u> m., from the causes and on the date stated above.															
23a. SIGNATURE <u>Paul Goldstein M.D.</u>						23b. ADDRESS <u>Kennett, Mo</u>						23c. DATE SIGNED <u>7-21-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgans Ridge Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo</u>							
DATE REC'D BY LOCAL REG. <u>7-26-51</u>		REGISTRAR'S SIGNATURE <u>Paul Husband</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> ADDRESS <u>2008 W. 13th St. Caruthersville, Mo</u>									

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-28-87

COUNTY FILE NUMBER 151-204

VS  
AUG 22 1980

1987 6000

AUG 10 1987

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

Licensed Embalmer No. 4833

P. O. Address Box 766 Conners  
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.