

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25855**

FILED JUL 27 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **112**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Wardell Little River</b>	
c. LENGTH OF STAY (In this place) <b>36hrs</b>		d. STREET ADDRESS (If rural, give location) <b>3mi. w. Wardell 0780</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Tina Gower</b> b. (Middle) <b>(Clementine)</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>July 6-51</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>1878</b> <b>Oct. 28, 1877</b>	9. AGE (In years last birthday) <b>72 7/8</b>	IF UNDER 1 YEAR <b>8</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Henderson Co Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>James Stewart</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Braswell</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bob Lauer</b>	ADDRESS <b>Kokomo Ind</b>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>1 wk.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>+</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **7-4**, 1951, to **7-6**, 1951, that I last saw the deceased alive on **7-6**, 1951, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. D. Hibbard M.D.</b> (Degree or title)	23b. ADDRESS <b>Superston Mo</b>	23c. DATE SIGNED <b>7/12/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-6-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Portageville</b>	24d. LOCATION (City, town, or county) (State) <b>Portageville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/16-51</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>LaForge Und Co.</b>	ADDRESS <b>Caruthersville</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

003

RECEIVED JUL 23 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 751-13

**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 W. C. Deane

Licensed Embalmer No. 3941

P. O. Address Carthage, 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.