

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27763

FILED AUG 17 1951

State, File No. 27763

|                                                                                                                                                                                                                                 |  |                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                        |  |
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| BIRTH NO. _____                                                                                                                                                                                                                 |  | REG. DIST. NO. 222                                                                                     |  | PRIMARY REG. DIST. NO. 3912                                                                                                                                                                                                                                                                                                                                                                                              |  | Registrar's No. 11                                                     |  |
| 1. PLACE OF DEATH<br>a. COUNTY Pemiscot 0780                                                                                                                                                                                    |  |                                                                                                        |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission).<br>a. STATE Missouri b. COUNTY Pemiscot                                                                                                                                                                                                                                                                                          |  |                                                                        |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Virginia Twnsh 1 Yr.                                                                                                                         |  |                                                                                                        |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Virginia Twnsh. Rural 0780                                                                                                                                                                                                                                                                                                                  |  |                                                                        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rt.2 Steele                                                                                                                                                                             |  |                                                                                                        |  | d. STREET ADDRESS (If rural, give location) Rt.2 Steele 0                                                                                                                                                                                                                                                                                                                                                                |  |                                                                        |  |
| 3. NAME OF DECEASED<br>(Type or Print) Daisy                                                                                                                                                                                    |  | a. (First)                                                                                             |  | b. (Middle) Allen                                                                                                                                                                                                                                                                                                                                                                                                        |  | c. (Last)                                                              |  |
| 4. DATE OF DEATH August 4 1951                                                                                                                                                                                                  |  | (Month)                                                                                                |  | (Day)                                                                                                                                                                                                                                                                                                                                                                                                                    |  | (Year)                                                                 |  |
| 5. SEX Female 3                                                                                                                                                                                                                 |  | 6. COLOR OR RACE Negro                                                                                 |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2                                                                                                                                                                                                                                                                                                                                                         |  | 8. DATE OF BIRTH March 1, 1878                                         |  |
| 9. AGE (In years last birthday) 73                                                                                                                                                                                              |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid        |  | 10b. KIND OF BUSINESS OR INDUSTRY Domestic                                                                                                                                                                                                                                                                                                                                                                               |  | 11. BIRTHPLACE (State or foreign country) Clifton, Tennessee /         |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.                                                                                                                                                                                             |  | 13a. FATHER'S NAME Albert Shelby                                                                       |  | 13b. MOTHER'S MAIDEN NAME Unknown                                                                                                                                                                                                                                                                                                                                                                                        |  | 14. NAME OF HUSBAND OR WIFE X                                          |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No                                                                                                                                                            |  | 16. SOCIAL SECURITY NO. None                                                                           |  | 17. INFORMANT'S SIGNATURE OR NAME Mary McKinzie Steele, Mo.                                                                                                                                                                                                                                                                                                                                                              |  | ADDRESS Rt.2                                                           |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  |                                                                                                        |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Cervix<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                        |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                          |  | 19b. MAJOR FINDINGS OF OPERATION                                                                       |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                         |  | 171 X                                                                  |  |
| 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) (Min)                                                                                                                                                                           |  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 A m., from the causes and on the date stated above.   |  |                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                        |  |
| 23a. SIGNATURE James A. Roberson Coroner                                                                                                                                                                                        |  | 23b. ADDRESS Wardell, Mo.                                                                              |  | 23c. DATE SIGNED 8-4-51                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                        |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial                                                                                                                                                                                |  | 24b. DATE Aug 7, 1951                                                                                  |  | 24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery                                                                                                                                                                                                                                                                                                                                                                 |  | 24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri |  |
| DATE REC'D. BY LOCAL REG. 8-15-51                                                                                                                                                                                               |  | REGISTRAR'S SIGNATURE [Signature]                                                                      |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.S. Smith Funeral Home 808 Ward Ave. Caruthersville, Missouri                                                                                                                                                                                                                                                                                                                  |  |                                                                        |  |

(Licensed Embalmer's Statement on Reverse Side)

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

8-51-198  
Rec. AUG 16 1951

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

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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 \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

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.