

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30998**

No. 300
10-48

FILED SEP 28 1951

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 96

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Pemiscot	b. CITY (If outside corporate limits, write RURAL and give township) Hayti	a. STATE Missouri	b. COUNTY Pemiscot
c. LENGTH OF STAY (If this place) 2 Wks.		c. CITY (If outside corporate limits, write RURAL and give township) Caruthersville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pemiscot Mem. Hosp.		d. STREET ADDRESS (If rural, give location) 702 Ward Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Florence	b. (Middle) A.	c. (Last) Cunningham	4. DATE OF DEATH (Month) (Day) (Year) September 11, 1951
---	-------------------------------	--------------------------	--------------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 2, 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 24 HRS. Hours 11 Min.
--------------------------------	---	---	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) McMinnville, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME Oren Argo	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Bate	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. (If yes, give year or dates of service) X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Roome Caruthersville, Mo.	ADDRESS
--	---	---	----------------

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		INTERVAL BETWEEN ONSET AND DEATH 2 Wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis 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 None	19b. MAJOR FINDINGS OF OPERATION 334 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) W	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 Aug 28, 1951, to Sept 11, 1951, that I last saw the deceased alive on Sept 10, 1951, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. O. Caruthersville	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 9/11/51
--	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 12, 1951	24c. NAME OF CEMETERY OR CREMATORY Little Prairie	24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
---	---	--	---

DATE REC'D BY LOCAL REG. 9-25-51	REGISTRAR'S SIGNATURE John W. Herman	406	25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith	ADDRESS Funeral Home 808 Ward Ave. Caruthersville, Mo.
---	---	------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

9-51-237

Re. SEP 26 1951

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

OCT 25 1951

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. Denver Pike

Licensed Embalmer No. 4484

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.