

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38288

State File No.

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3850 Registrar's No. 296

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Caruthersville
c. LENGTH OF STAY (In this place) 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 400 E. 19th. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pemiscot
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville 0782
d. STREET ADDRESS (If rural, give location) 400 E. 19th. Street 0

3. NAME OF DECEASED
a. (First) Lovie Lee b. (Middle) Graham c. (Last) Huckleba
4. DATE OF DEATH (Month) (Day) (Year) November 13, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Feb. 19, 1901 9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 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) Tiptonville, Tennessee 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME L.C. Haynes 13b. MOTHER'S MAIDEN NAME Lillie Everett 14. NAME OF HUSBAND OR WIFE D.L. Huckleba

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No 16. SOCIAL SECURITY NO. 498-10-1212 17. INFORMANT'S SIGNATURE OR NAME ADDRESS D.L. Huckleba 400 E. 19th. St.

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.
INTERVAL BETWEEN ONSET AND DEATH 2 hrs

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) 171X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Nov 13, 1951, that I last saw the deceased alive on Nov 12, 1951, and that death occurred at 5:33P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.S. Smith 23b. ADDRESS Caruthersville, Mo. 23c. DATE SIGNED 11/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 15, 1951 24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery 24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri

DATE REC'D BY LOCAL REG. Nov. 15, 1951 REGISTRAR'S SIGNATURE Irene B. Hildebrand 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.S. Smith Funeral Home 808 Ward Ave. C'ville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

782

11-51-288

Rec. NOV 17 1951

S. B. [unclear] L. [unclear]
Pemiscot County Health Department,
Caruthersville, Missouri

APR 2
1954

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 W. Denver Fike

Signed _____
Student Embalmer

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.