

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38289

State File No.

782
FILED DEC 10 1951

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 101

I. PLACE OF DEATH
 a. COUNTY Pemiscot
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville,
 c. LENGTH OF STAY (in this place) 6 mos
 d. FULL NAME OF HOSPITAL OR INSTITUTION Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo.
 b. COUNTY Pemiscot
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville, Mo. 0782
 d. STREET ADDRESS (If rural, give location) 505 E. 18th St. 0

3. NAME OF DECEASED
 a. (First) Lizzie
 b. (Middle) _____
 c. (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year)
Dec 2 1951

5. SEX
Female 3

6. COLOR OR RACE
Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed 2

8. DATE OF BIRTH
1894

9. AGE (In years last birthday)
57

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)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (State or foreign country)
Starkville, Mississippi

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
Dave Higgins

13b. MOTHER'S MAIDEN NAME
Mariah Higgins

14. NAME OF HUSBAND OR WIFE
Clem Lewis (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME 505 E. 13th ADDRESS
Rev. F. Higgins Osborneville, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Hypertensive Cardiovascular disease -
 DUE TO (c) none

INTERVAL BETWEEN ONSET AND DEATH
3 yrs?

19a. DATE OF OPERATION
none

19b. MAJOR FINDINGS OF OPERATION
4221

20. AUTOPSY?
 YES NO

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)
Caruthersville, Pemiscot, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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 11-3-, 1951, to Dec 2, 1951, that I last saw the deceased alive on Nov 23, 1951, and that death occurred at 7:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
D. W. Cook, M.D.

23b. ADDRESS
Caruthersville, Mo.

23c. DATE SIGNED
12-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial (1)

24b. DATE
9 Dec 1951

24c. NAME OF CEMETERY OR CREMATORY
Morgans Ridge Cemetery

24d. LOCATION (City, town, or county) (State)
Caruthersville, Mo.

DATE REC'D BY LOCAL REG.
Dec 4 1951

REGISTRAR'S SIGNATURE
Freddie B. Wick

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Chas. B. Woods Box 760 Osbornville, Mo.

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

12-51-311

Rec. DEC 8 1951

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 279
CARUTHERSVILLE, MO.

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 *Philip B. Wood*

Licensed Embalmer No. *4893*

P. O. Address *Box 766 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.