

DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. COOK

42444

State File No.

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 108

1. PLACE OF DEATH

a. COUNTY Pemiscot

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAROTHERSVILLE

c. LENGTH OF STAY (in this place) 22 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

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 CAROTHERSVILLE 6782

d. STREET ADDRESS (If rural, give location) 1275 GRAND AVE D

3. NAME OF DECEASED

a. (First) JIM b. (Middle) D. c. (Last) RIKEY

4. DATE OF DEATH (Month) (Day) (Year) Dec. 11 1951

5. SEX MALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH JAN. 18, 1862

9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 10 Days 23 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 _____

11. BIRTHPLACE (State or foreign country) Tennessee

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

13a. FATHER'S NAME Joseph Riley

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Mrs Rosie Phillips ADDRESS Dade City FLORIDA

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure

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) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis

INTERVAL BETWEEN ONSET AND DEATH 2 hrs

10 yrs?

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) Caruthersville (COUNTY) Pemiscot (STATE) MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none

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 12-11, 1951, to 12-11, 1951, that I last saw the deceased alive on 12-11, 1951, and that death occurred at 10:55 A.M., from the causes and on the date stated above.

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

23b. ADDRESS Caruthersville

23c. DATE SIGNED 12-15-51

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

24b. DATE 12/13/51

24c. NAME OF CEMETERY OR CREMATORY LITTLE PRAIRIE

24d. LOCATION (City, town, or county) (State) CAROTHERSVILLE, MO.

DATE REC'D BY LOCAL REG. 12-19-51

REGISTRAR'S SIGNATURE Fessie B. Wilk

25. FUNERAL DIRECTOR'S SIGNATURE Lo Forge Undertaking Co. ADDRESS Caruthersville, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

2782

12-51-320

Rec. DEC 20 1951

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

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 _____

CHARLES F. MUNGLE

Student Embalmer No. 423

working under my personal supervision.

Student Charles F. Mungle
Student Embalmer

Signed

Neil C. Dean

Licensed Embalmer No. 3941

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.