No. 300
10.48

FILED FEB 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44109

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 0908 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Pemiscot 0780
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holland rural
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Holland Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holland Mo. 0780
d. STREET ADDRESS (If rural, give location) Holland Twp.

3. NAME OF DECEASED (Type or Print)
a. (First) Rosa b. (Middle) Lee c. (Last) Scott

4. DATE OF DEATH (Month) (Day) (Year) 12-24-51

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-22-1895
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR: Months 5, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Holland Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME S.A. White
13b. MOTHER'S MAIDEN NAME Frankie White
14. NAME OF HUSBAND OR WIFE John T White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Lessie Erwin ADDRESS Hornersville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Kidney failure — Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none 593X
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)

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* 11-28, 1951, *to* 12-20, 1951, *that I last saw the deceased alive on* 11-24, 1951, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J K Chapman M.D
23b. ADDRESS Steele, Mo
23c. DATE SIGNED 1-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-26-51
24c. NAME OF CEMETERY OR CREMATORY Mt Zion
24d. LOCATION (City, town, or county) (State) Steele, Mo

DATE REC'D BY LOCAL REG. 1-28-52
REGISTRAR'S SIGNATURE S K Robinson 247-1
25. FUNERAL DIRECTOR'S SIGNATURE Gorman Funeral Home ADDRESS Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

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

L 52-43
Ru.

JAN 30 1952

S. B. 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John W. Gerner

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.