5. No. 300
V. 10.48

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2188

State File No.

BIRTH NO. REG. DIST. NO. 270 PRIMARY REG. DIST. NO: 3050 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caruthersville,
c. LENGTH OF STAY (in this place) 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pemisca
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caruthersville, 1782
d. STREET ADDRESS (If rural, give location) 400 E. 12th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Ursula
b. (Middle) J.
c. (Last) Foster

4. DATE OF DEATH (Month) Jan (Day) 12 (Year) 1952

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH Sep 28 1881
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 3 Days 4 IF UNDER 24 HRS. Hours Min. Unknown

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher
10b. KIND OF BUSINESS OR INDUSTRY Teaching Profess
11. BIRTHPLACE (State or foreign country) on Atlanta, Georgia 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME Celia Jackson
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Mrs Allene W. Gipson ADDRESS 400 E. 12th C'ville, 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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 6 weeks

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.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION 4200
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* Dec 10, 1951, *to* Jan 12, 1952, *that I last saw the deceased alive on* Jan 11, 1952, *and that death occurred at* 1:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Daniel R. Hawley (Degree or title) M.D.
23b. ADDRESS 309 E Broadway Hayti
23c. DATE SIGNED Jan 15 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 15 Jan 1952
24c. NAME OF CEMETERY OR CREMATORY Unknown
24d. LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. Jan. 17, 1952
REGISTRAR'S SIGNATURE 247 Jessie B. Wilkes
25. FUNERAL DIRECTOR'S SIGNATURE Philip S. Woods ADDRESS C'ville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1-52-23
Rec JAN 18 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caru...

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 Shelby B. Woods

Licensed Embalmer No. 4833

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.