

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2209

FILED JAN 14 1952

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 4396 Registrar's No. 3

780
1

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

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wardell, Mo.	c. LENGTH OF STAY (In this place) 20 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wardell, Mo. 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Gen. Del.		d. STREET ADDRESS (If rural, give location) Gen. Del. 0	
3. NAME OF DECEASED (Type or Print) a. (First) LIZZIE b. (Middle) c. (Last) FIELDS			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1952
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH July 4, 1883
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife	11. BIRTHPLACE (State or foreign country) Alabama
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife		10b. KIND OF BUSINESS OR INDUSTRY x	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lou Knox		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Jim Fields
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No x		16. SOCIAL SECURITY NO. x	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jim Fields Wardell, 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) <i>Stroke</i> 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		19b. MAJOR FINDINGS OF OPERATION 410X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-1949 to 1-3-1952, that I last saw the deceased alive on 1-1-1952 and that death occurred at 3 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. Gullett M.D.		23b. ADDRESS Wardell, Mo.	23c. DATE SIGNED 1-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-8-52	24c. NAME OF CEMETERY OR CREMATORY St. Paul	24d. LOCATION (City, town, or county) (State) Wardell, Mo.
DATE REC'D BY LOCAL REG. 1-11-52	REGISTRAR'S SIGNATURE John W. Gorman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard's Funeral Home, New Madrid, Mo.	

1-52-15

Rec.

JAN 11 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leo Hedges

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.