

Cook
FILED MAR 26 1952THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9299

State File No. _____
1951 & 1952
Registrar's No. 14

BIRTH NO. _____		REG. DIST. NO. 270		PRIMARY REG. DIST. NO. 3050		State File No. _____		Registrar's No. 14							
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Caruthersville</u> c. LENGTH OF STAY (in this place) <u>3 Years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1201 Madison Ave.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u> d. STREET ADDRESS (If rural, give location) <u>1201 Madison Ave.</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glenn</u> b. (Middle) <u>DOBB</u> c. (Last) <u>Finley</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>10</u> (Year) <u>1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>January 28, 1868</u>		9. AGE (in years last birthday) <u>84</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Stoddard County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>						
13a. FATHER'S NAME <u>Milton Holt</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline English</u>			14. NAME OF HUSBAND OR WIFE <u>X</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sadie Allen 1201 Madison C'ville, Mo.</u>										
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac aperture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C.V. disease</u> DUE TO (c) <u>Arterio-sclerosis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>10 yrs</u> <u>10-20 yrs</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pemiscot Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>Aug 19, 1949</u> to <u>March 10, 1952</u> , that I last saw the deceased alive on <u>Jan 1952</u> , and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above.										23a. SIGNATURE <u>D. W. Cook</u> (Degree or title)		23b. ADDRESS <u>Caruthersville, Mo</u>		23c. DATE SIGNED <u>3-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>									
DATE REC'D BY LOCAL REG. <u>Mar. 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Irma B. Wick</u> 247			25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>		ADDRESS <u>Funeral Home C'ville, Mo.</u>								

(Licensed Embalmer's Statement on Reverse Side)

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

8-52-90

Rec. MAR 24 1952

S. B. Beecher, M. D.,
Penisnot 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 _____

W.D. Pike

Licensed Embalmer No. 4484

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.