No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9323

State File No. .....

BIRTH NO. FILED MAR 31 1952 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 16

780

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Little prairie
c. LENGTH OF STAY (in this place) 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

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) Rural Little prairie 0780
d. STREET ADDRESS (If rural, give location) 9 mi S.W. Caruthersville

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) CALLOWAY c. (Last) DUCKWORTH
4. DATE OF DEATH (Month) MAR. (Day) 22 (Year) 1952
5. SEX M
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH June-25-1865
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 8 Days 27 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARM
11. BIRTHPLACE (State or foreign country) Dyer Co. Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GEORGE DUCKWORTH
13b. MOTHER'S MAIDEN NAME Marathe House
14. NAME OF HUSBAND OR WIFE dead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Chas Duckworth ADDRESS Caruthersville 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) Contusions, abrasions, fractures & shock — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tornado (Factured 3-4-5th L: ribs & ~~ruptured~~ hemorrhage of bladder
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis of Both Lung principally in rt — E9340-A 22

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home on farm
21c. (CITY, TOWN, OR TOWNSHIP) Caruthersville (COUNTY) Pemiscot (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 21, 1952 8:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Tornado Victim

22. *I hereby certify that I attended the deceased from* 3-21-, 1952, *to* 3-22, 1952, *that I last saw the deceased alive on* 3-22, 1952 *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O. N. Cookman O.
23b. ADDRESS Caruthersville, Mo
23c. DATE SIGNED 3-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/24/52
24c. NAME OF CEMETERY OR CREMATORY McCullers Chapel
24d. LOCATION (City, town, or county) (State) Dyersburg Tenn

DATE REC'D BY LOCAL REG. 3-27-1952
REGISTRAR'S SIGNATURE Tessie B. Wilks 24710
25. FUNERAL DIRECTOR'S SIGNATURE La Forge and Co. ADDRESS Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

.3- 52-92

Rec. MAR 28 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 Charles E. Mungle

Licensed Embalmer No. 4877

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.