S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Cook

State File No. 21372

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 41

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): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 305 E 7th st

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): CARUTHERSVILLE 0782
d. STREET ADDRESS (If rural, give location): 305 E-7TH ST.

3. NAME OF DECEASED (Type or Print)
a. (First): OLLIE
b. (Middle): MAY
c. (Last): WALKER

4. DATE OF DEATH (Month) (Day) (Year): June-14-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb-23-1870
9. AGE (In years last birthday): 82 — If under 1 year: Months 3, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Pemiscot Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Isac Fair
13b. MOTHER'S MAIDEN NAME: Annie E Shaw
14. NAME OF HUSBAND OR WIFE: None

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: Mrs. Mattie Nations — 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) Acute Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Interstitial Myocarditis — 7 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive C.V. dis. — 10 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 44 3 X
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.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caruthersville Pemiscot Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* Feb 19 52 to June 14 19 52, *that I last saw the deceased alive on* June 14, 19 52, *and that death occurred at* 8:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. L. Cook (Degree or title): M.D.
23b. ADDRESS: Caruthersville Mo.
23c. DATE SIGNED: 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-15-1952
24c. NAME OF CEMETERY OR CREMATORY: Little Prairie
24d. LOCATION (City, town, or county) (State): Caruthersville Mo.

DATE REC'D BY LOCAL REG.: 6/17/1952
REGISTRAR'S SIGNATURE: Jessie B. Wilkes
25. FUNERAL DIRECTOR'S SIGNATURE: Lafoye Funeral Co. — ADDRESS: Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

6-52-187
Rec.
JUN 20 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 NOT embalmed ~~by me, or by~~ .....
....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed Charles E. Mangle
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.