

FILED JUL 9 1952

STANDARD CERTIFICATE OF DEATH

State File No. 21390

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 5912 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Jennings</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Jennings</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele Jennings</u>	
c. LENGTH OF STAY (in this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #3 - Pop.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wounded War.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA</u> b. (Middle) <u>-</u> c. (Last) <u>COX</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>7-18-1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cumden Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Jim Arnold</u>	13b. MOTHER'S MAIDEN NAME <u>Rhoda House</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rhoda Laure Steele</u>	ADDRESS <u>MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke - cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>-</u>		
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 <u>-</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Steele Jennings MO</u>
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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?
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22. I hereby certify that I attended the deceased from 6-16-1952, to 6-22-1952, that I last saw the deceased alive on 6-20-1952, and that death occurred at 6:05 m., from the causes and on the date stated above.

23a. SIGNATURE <u>D.R. Chapman M.D.</u> (Degree or title)	23b. ADDRESS <u>Steele, MO</u>	23c. DATE SIGNED <u>6-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6/24/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Wood</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville MO</u>
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DATE REC'D BY LOCAL REG. <u>7-1-52</u>	REGISTRAR'S SIGNATURE <u>D. J. Oldmixon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Emery</u>	ADDRESS <u>Janshaw Ark</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

780
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7-52-218

Rec. JUL 8 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 Mr. J. Emmons

Licensed Embalmer No. 359

P. O. Address J. Emmons

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.