

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25240**

**EMD** AUG 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3050** Registrar's No. **1158**

1. PLACE OF DEATH a. COUNTY <b>Remick</b> <b>0782</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Remick 0782</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville</b> <b>0</b>	
c. LENGTH OF STAY (in this place) <b>13 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>505 E 14th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>505 E 14th</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lula</b>	b. (Middle) <b>none</b>	c. (Last) <b>Jackson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 28 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>	8. DATE OF BIRTH <b>15 April 1886</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>13</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home making</b>	11. BIRTHPLACE (State or foreign country) <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Red. H. W. Bell</b>	ADDRESS <b>505 E 14th Caruthersville, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 years?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</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 <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Daniel R. Hensley, MD</b>	23b. ADDRESS <b>114 W 4 Caruthersville</b>	23c. DATE SIGNED <b>7/30/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1st August 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Margaret's Ridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-30-1952</b>	REGISTRAR'S SIGNATURE <b>Hessie B. Wilcox</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>P. B. [Signature]</b>	ADDRESS <b>Box 766, Caruthersville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

152-238

Rec. JUL 31 1952

JUL 31 1952

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

AUG 8 1952

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 *S. B. Beecher*

Licensed Embalmer No. 4833

P. O. Address Box 766, Cville, 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.