No. 300
10.48

FILED SEP 6 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28924

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3050 Registrar's No. 69

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): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 509 E. 15th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
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): 509 E. 15th St.

3. NAME OF DECEASED (Type or Print): a. (First) Pauline b. (Middle) Catherine c. (Last) Ross

4. DATE OF DEATH (Month) Sept (Day) 1 (Year) 1952

5. SEX: Fe 3

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 23 1926

9. AGE (In years last birthday): 25 — If under 1 year: Months 11, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house work

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Earl, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Ross

13b. MOTHER'S MAIDEN NAME: Ollie Brown

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): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: James Ross — ADDRESS: 509 E. 18th St. 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) Epilepsy — INTERVAL BETWEEN ONSET AND DEATH: [redacted]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (Had an acute attack) — 10 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

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) Caruthersville (COUNTY) Pemiscot (STATE) Mo

21d. TIME OF INJURY (Month) None (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-26, 1951, *to* 12-6, 1951, *that I last saw the deceased alive on* 12-6, 1951, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. W. Cook M.D. (Degree or title)

23b. ADDRESS: Caruthersville

23c. DATE SIGNED: 9-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5 Sept 1952

24c. NAME OF CEMETERY OR CREMATORY: Morgans Ridge Cemetery

24d. LOCATION (City, town, or county) Caruthersville, Mo. (State)

DATE REC'D BY LOCAL REG.: 9-3-1952

REGISTRAR'S SIGNATURE: Fressie B. Nelson

25. FUNERAL DIRECTOR'S SIGNATURE: Philip B. Moore — ADDRESS: Barnes C'ville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

9-257-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.
SEP 4 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 Philip B. Wood

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.