

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32442**

FILED OCT 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **2049** Registrar's No. **139**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>PEMISCOT</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hayti</b>		c. LENGTH OF STAY (in this place) <b>1 Day</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hayti</b>		d. STREET ADDRESS (If rural, give location) <b>107 E. Broadway</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b> b. (Middle) <b>Keen</b> c. (Last) <b>Sharp</b>			4. DATE OF DEATH (Month) <b>October</b> (Day) <b>6</b> (Year) <b>1952</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 5</b>	8. DATE OF BIRTH <b>May 17, 1888</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Ripley County, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>W.B. McDonald</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Riley</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>No X</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Vonnie Keen Hayti, Missouri</b> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Intestinal Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Liver</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>10-5, 1952</b> to <b>10-6, 1952</b> , that I last saw the deceased alive on <b>10-6, 1952</b> , and that death occurred at <b>10:55 P.M.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>J.M. Ketchum, M.D.</b>			23b. ADDRESS <b>Hayti, Mo.</b>		23c. DATE SIGNED <b>10-7-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct. 8, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Church Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Newbern, Tennessee</b>			
DATE REC'D BY LOCAL REG. <b>10-8-52</b>	REGISTRAR'S SIGNATURE <b>John W. Herman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.S. Smith</b> ADDRESS <b>808 Ward Ave. C'ville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

781  
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10-301-82

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

OCT 11 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 H. Denver Spike

Licensed Embalmer No. 4484

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.