No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35832

State File No.

BIRTH NO. 1952 NOV 12 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 83

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): 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1004 Washington Ave.

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 (USA)
d. STREET ADDRESS (If rural, give location): 1004 Washington Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Elesworth
c. (Last): Champion

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

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 19, 1877
9. AGE (In years last birthday): 75 — 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): Farmer- Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Lake County, Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Champion
13b. MOTHER'S MAIDEN NAME: Cynthia Williams
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Kennett Crawford — **ADDRESS**: Caruthersvle, 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) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis - generalized 10 yrs + cerebral -

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 331X
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.): none
21c. (CITY, TOWN, OR TOWNSHIP) Caruthersville (COUNTY) Pemiscot (STATE) Mo
21d. TIME OF INJURY (Month) (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* 10-23, 1952, *to* 11-1, 1952, *that I last saw the deceased alive on* 11-1, 1952, *and that death occurred at* 11:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE O. R. Cook (Degree or title) M.D.
23b. ADDRESS Caruthersville, Mo.
23c. DATE SIGNED 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Madie Cemetery
24d. LOCATION (City, town, or county) (State): Ridgely, Tennessee

DATE REC'D BY LOCAL REG.: Nov. 6, 1952
REGISTRAR'S SIGNATURE: Jessie B. Wilke
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: H.S. Smith Funeral Home 808 Ward Caruthersville, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

11-328-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 9
CARUTHERSVILLE, MO.

NOV 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 W. Denver Pike

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.