

STANDARD CERTIFICATE OF DEATH

State File No.

42912

DEC 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>742</u>		PRIMARY REG. DIST. NO. <u>4362</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>NEW MADRID</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse Rural</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>		d. STREET ADDRESS (If rural, give location) <u>Sawyer Farm</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME-SAWYER FARM</u>							
3. NAME OF DECEASED (Type or Print) <u>Lujettia</u>		a. (First) _____		b. (Middle) _____		c. (Last) <u>Aings</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2, '52</u>							
5. SEX <u>F</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>May 3, 1901</u>	
9. AGE (In years last birthday) <u>51</u>		10. MONTHS <u>7</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>					
13a. FATHER'S NAME <u>Hardy Holloway</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cole</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME _____		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Due to (b)</u> Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11/28-52</u> <u>to</u> <u>Apr 4 1952</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) (COUNTY) (STATE) <u>4201</u>			
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 <u>11-28-1952</u> , to <u>12-4-1952</u> , that I last saw the deceased alive on <u>12-2-1952</u> , and that death occurred at <u>4:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. P. Brindley</u> (Degree or title) _____				23b. ADDRESS <u>Greenwood</u>		23c. DATE SIGNED <u>12-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>12/16-52</u>		REGISTRAR'S SIGNATURE <u>Thomas M. Shuter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Taylor</u>		ADDRESS <u>Shuter</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4685

P. O. Address E. Prairie, 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.