

No. 300 DEC 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42987

State File No.

BIRTH NO. REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rear 507 Walker Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rear 507 Walker Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>Rear 507 Walker Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Hamilton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 21, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>December 21 '52</u>		9. AGE (In years last birthday) <u>0</u> MONTHS <u>0</u> DAYS <u>2</u>		10. HOURS <u>2</u> MIN. <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Caruthersville</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Booker T. Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Bobbie Mae Peoples</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frances Peoples</u> ADDRESS <u>Caruthersville, Mo.</u>	

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>Cerebral Contusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prolonged & difficult labor</u>					
		DUE TO (c) <u>None</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) <u>Caruthersville, Pemiscot, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7600</u>			

22. I hereby certify that I attended the deceased from 12-21-1952 to 12-21, 1952, that I last saw the deceased alive on 12-21, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. W. Cook</u>		23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>12-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 22, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>12-23-1952</u>		REGISTRAR'S SIGNATURE <u>Marie B. Wilke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> ADDRESS <u>Funeral Home C'ville, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

782

12-372-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 29 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 _____

working under my personal supervision.
Student
Student Embalmer

Student Embalmer No. _____
This body was not embalmed!
Signed *W. Deaver Pike*

Licensed Embalmer No. *4484*
P. O. Address *Caruthersville*

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.