

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2417

State File No. _____

FILED JAN 22 1953

BIRTH NO. 7 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 7

782
1

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

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>24 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>915 Adams Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>915 Adams Ave</u>			

3. NAME OF DECEASED (Type or Print) <u>Virginia</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1953</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>9 Jul 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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>Homemaking</u>		11. BIRTHPLACE (State or foreign country) <u>Aberdeen, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
--	--	---	--	--	--	--	--

13a. FATHER'S NAME <u>John Wm. Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>ella</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Macon</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>Mattie Hamilton</u> ADDRESS <u>Box 287, Cville, Mo.</u>	
---	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral apoplexy</u>			<u>undeter</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>			

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) <u>Caruthersville Pemiscot, Mo.</u>	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
---	--	---	--	----------------------------------	--

22. I hereby certify that I attended the deceased from Jan 14, 1953, to Jan 14, 1953, that I last saw the deceased alive on Jan 14, 1953, and that death occurred at 4:20 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>T. W. [Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>14 Jan 1953</u>	
---	--	---	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>18th Jan 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgans Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>	
---	--	------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>Jan 15, 1953</u>		REGISTRAR'S SIGNATURE <u>Fessie B. Wilkie</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Wood</u> ADDRESS <u>C'ville, Mo.</u>	
--	--	---	--	--	--

1-23-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 20 1953

FEB 17 1953

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. none

working under my personal supervision.

Student none
Student Embalmer

Signed P. B. Woods

Licensed Embalmer No. 4833

P. O. Address 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.