

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2435**

BIRTH NO. 3474 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "rural" Little Prairie c. LENGTH OF STAY (in this place) 3 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "rural" Little Prairie Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 Mi. sw Caruthersville		d. STREET ADDRESS (If rural, give location) Caruthersville, Mo. Rt. 1	

3. NAME OF DECEASED (Type or Print) a. (First) Mary Ann b. (Middle) Daniel c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan 10 1953
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5. SEX 3 female	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH Jan. 9, 1953	9. AGE (in years last birthday) <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> 1 YEAR <input type="checkbox"/> UNDER 2 HRS. <input type="checkbox"/> 2 HRS. <input type="checkbox"/> 3 HRS. <input type="checkbox"/> 3 HRS. <input type="checkbox"/> 3 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Little Prairie Twp. Pem. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Carey Daniel	13b. MOTHER'S MAIDEN NAME Dessie Lee Love	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Joanner Giles, Caruthersville, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown - not seen by		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Physician - but only DUE TO (c) weighed 2 lbs.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 774X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) Little Prairie Twp. Pemiscot, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 1-12-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-9-53	24c. NAME OF CEMETERY OR CREMATORY Canady Switch	24d. LOCATION (City, town, or county) (State) Canady Switch Mo.
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DATE REC'D BY LOCAL REG. Jan 12, 1953	REGISTRAR'S SIGNATURE Fessie B. Wilkes	25. FUNERAL DIRECTOR'S SIGNATURE Friends	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

783
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1-14-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 14 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. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.