

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2436**

BIRTH NO. _____ REG. DIST. NO. **2507** PRIMARY REG. DIST. NO. **5900** Registrar's No. **12**

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) Deering, 2nd		c. CITY (If outside corporate limits, write RURAL and give township) Deering 0760	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rout 1			

3. NAME OF DECEASED (Type or Print) a. (First) Ludis b. (Middle) m c. (Last) Dannison		4. DATE OF DEATH (Month) (Day) (Year) Jan - 25 - 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug 1, 1895
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) MO - U
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Richard Stewart		13b. MOTHER'S MAIDEN NAME Unobtainable		14. NAME OF HUSBAND OR WIFE	
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 ADDRESS Lucie Parson Blythe City	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage & Hypertension		INTERVAL BETWEEN ONSET AND DEATH 40 or 5 years
	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.		

19a. DATE OF OPERATION None		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) 331X	

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 1-21 , 19 53 , to 1-26 , 19 53 that I last saw the deceased alive on 1-25 , 19 53 and that death occurred at _____ m., from the cause(s) and on the date stated above.					

23a. SIGNATURE L.D. Denton M.D.		23b. ADDRESS Hayti Mo		23c. DATE SIGNED 1-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/28/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) Blytheville Ark.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holt Funeral Home Blytheville			
DATE REC'D BY LOCAL REG. 1-30-53		REGISTRAR'S SIGNATURE John H. German 406			

(Licensed Embalmer's Statement on Reverse Side)

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

780
1

2-37-53

PEWISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 2 - 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 _____

E. M. Hoel

Student Embalmer No. _____

~~working under my personal supervision.~~

Student _____

Student Embalmer

Signed _____

E. M. Hoel

Embalming was in cask.

Licensed Embalmer No. *4454 OK 665*

P. O. Address *Blytheville Ark*

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.