Dr. Taylor

10827

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

FILED MAR 23 1953

BIRTH NO. ..... REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4398 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holland
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holland 0780
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Allie b. (Middle) McDowell c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 3-10-53

5. SEX F

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 11-14-1884

9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 3 Days 22 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Pemiscot Co Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dillinghan

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Mrs Alice McDowell ADDRESS Holland Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 da.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gen. Arteriosclerosis — 2 yr.

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

19b. MAJOR FINDINGS OF OPERATION 331X

20. AUTOPSY? YES ☐ 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10, 1953 *to* 3-10, 1953 *that I last saw the deceased alive on* 3-10, 1953 *and that death occurred at* 3:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. L. Taylor

23b. ADDRESS Steele, Mo.

23c. DATE SIGNED 10 MAR 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-12-53

24c. NAME OF CEMETERY OR CREMATORY Mt Zion

24d. LOCATION (City, town, or county) (State) Steele, Mo

DATE REC'D BY LOCAL REG. 3-18-53

REGISTRAR'S SIGNATURE S. L. Robinson 249

25. FUNERAL DIRECTOR'S SIGNATURE Germon Undt Co ADDRESS Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

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

3-94-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 20 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

working under my personal supervision.

Student Embalmer No.

Signed John H. Herman

Signed Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.