

# STANDARD CERTIFICATE OF DEATH

State File No. **15153**

FILED MAY 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 7377

0781  
0

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

1. PLACE OF DEATH a. COUNTY <u>Permiscat</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, indicate type) a. STATE <u>Missouri</u> COUNTY <u>Permiscat</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Permiscat</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Permiscat</u>	
c. LENGTH OF STAY (In table place) <u>17 days</u>		d. STREET ADDRESS (If rural, give location) <u>208 E 12th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Permiscat mem Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>Frank</u>	a. (First) <u>Crane</u>	b. (Middle) <u>Rembert</u>	c. (Last) <u>Rembert</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>24</u> (Year) <u>53</u>
--	----------------------------	-------------------------------	-----------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10th July 1897</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	IF UNDER 11 HRS. Hours <u></u> Min. <u></u>
-----------------------	----------------------------------	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Linden, Alabama</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	---

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Josie B. Rembert</u>
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>490-01-3379</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Josie B. Rembert</u>	ADDRESS <u>208 E 12th st 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) <u>Hypertensive cerebrovascular disease?</u>			
DUE TO (c) <u>Generalized arteriosclerosis</u>			
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 <u>332x</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)
--	--	---

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 June, 1951, to April 24, 1953, that I last saw the deceased alive on April 4, 1951, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Warren R. McCoy</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Caruthersville Mo</u>	23c. DATE SIGNED <u>4/24/53</u>
--	----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>28th April 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Ridge Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-30-53</u>	REGISTRAR'S SIGNATURE <u>John H. German</u>	406-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Philip B. Woods</u>	ADDRESS <u>Cville, Mo.</u>
--	--	-------	--	-------------------------------

5-161-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

MAY 4 1953

MAY 7 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 J. A. F......  
Student Embalmer

Signed Philip B. Woods

Licensed Embalmer No. 4839

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.