No. 300
10-48

FILED JUN 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18869

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 96

780
1

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

1. PLACE OF DEATH
a. COUNTY: Pemsicot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti Rural
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 1, Box 717

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pemsicot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
d. STREET ADDRESS (If rural, give location): Rt 1, Box 717

0780

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle):
c. (Last): Trawick

4. DATE OF DEATH (Month) (Day) (Year): June 7 53

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 20 Feb 1917
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 3, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Jonestown, Miss
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Count Trawick
13b. MOTHER'S MAIDEN NAME: Molly Parker
14. NAME OF HUSBAND OR WIFE: Lucy Trawick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 498 14 3352
17. INFORMANT'S SIGNATURE OR NAME: Steve Trawick, Netherlands, Mo. — ADDRESS

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): Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rheumatic Fever (Acute) — 10 days
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: 400x
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): Caruthersville, Pemiscot, Mo
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* 4 June, 1953, *to* 7 June, 1953, *that I last saw the deceased alive on* 7 June, 1953, *and that death occurred at* 2:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Caruthersville, Mo
23c. DATE SIGNED: 8 June 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10th June 53
24c. NAME OF CEMETERY OR CREMATORY: Concord Colored Cem.
24d. LOCATION (City, town, or county) (State): Concord, Mo.

DATE REC'D BY LOCAL REG.: 6-11-53
REGISTRAR'S SIGNATURE: John H. German 406
25. FUNERAL DIRECTOR'S SIGNATURE: Philip B. Wood — ADDRESS: Cville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

6-198-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 12 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 Philip B. Moore

Licensed Embalmer No. 4833

P. O. Address Cairo 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.