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 FILED JUL 27 1953
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25823
 State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>117</u>	
1. PLACE OF DEATH a. COUNTY <u>Demerscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demerscot</u>			
b. CITY OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Caruthersville</u>		d. STREET ADDRESS <u>610 N. Cotton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hayti Memorial</u>				d. STREET ADDRESS (if rural, give location) <u>0782</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGIE</u> b. (Middle) <u>L.</u> c. (Last) <u>RICE</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>14</u> (Year) <u>1953</u>				
5. SEX <u>1</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct-12-1876</u>		9. AGE (If years, months, days, hours, min.) <u>76</u> <u>9</u> <u>2</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Handicraft</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Patrol</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Handicraft</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Patrol</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Dunklin Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John W. Boyd</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Hendrix</u>		14. NAME OF HUSBAND OR WIFE <u>Dead</u>			
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, date and grade of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Inez Kingsley Caruthersville</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>10</u>	
19a. DATE OF OPERATION _____	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) _____		4200	
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 <u>July</u> , 19 <u>52</u> , to <u>July</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7/13</u> , 19 <u>53</u> , and that death occurred at <u>5:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Warren R. McCoy M.D.</u> (Degree or title)				23b. ADDRESS <u>Caruthersville Mo</u>		23c. DATE SIGNED <u>7/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/15/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-18-53</u>		REGISTRAR'S SIGNATURE <u>John W. German</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Ferguson</u> ADDRESS <u>Caruthersville</u>			

(Licensed Embalmer's Statement on Reverse Side)

YMO

7-238-53

7-238-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUL 24 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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville, 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.