

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25827

State File No. _____

BIRTH NO. FILED JUL 21 1953 REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 6912 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
c. LENGTH OF STAY (in this place) <u>3 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Gobler, STAR RT. Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>CRAB TREE</u> c. (Last) <u>CRAB TREE</u>			DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>29</u> (Year) <u>1953</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 27, 1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>LITTLE ROCK, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S.</u>

13a. FATHER'S NAME <u>Bill Knight</u>	13b. MOTHER'S MAIDEN NAME <u>x-unknown</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Bill Knight</u> ADDRESS <u>Star Rt. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bacillary Dysentery</u>		INTERVAL BETWEEN ONSET AND DEATH
	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	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 8 June 1953 to 29 June 1953 that I last saw the deceased alive on 29 June 1953 and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. R. Taylor, M.D.</u>	23b. ADDRESS <u>Steele, Mo.</u>	23c. DATE SIGNED <u>16 July 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mountain Zion Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Steele, Missouri</u>

DATE REC'D BY LOCAL REG. <u>7-16-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>249-8</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Heath Funeral Home, Paragould, Arkansas</u>
---	---	--

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

300
48

80

7-232-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 19
CARUTHERSVILLE, MO.

JUL 18 1953

JUL 30 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 _____

Signed _____

Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.