

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29482

State File No.

No. 300
10-48

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>)	
b. CITY OR TOWN <u>Caruthersville</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (In this place) <u>4 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>209 E. 15th. Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 E. 15th. Street</u>		e. STREET ADDRESS <u>209 E. 15th. Street</u>	

3. NAME OF DECEASED a. (First) Mollie b. (Middle) Anne c. (Last) Walker 4. DATE OF DEATH (Month) (Day) (Year) August 18 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Sept. 18, 1878 9. AGE (In years last birthday) 74 Months 1 Days 1 Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Humphreys County, Tenn. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William H. Townsend 13b. MOTHER'S MAIDEN NAME Celia Parnell 14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. X 17. INFORMANT'S SIGNATURE OR NAME Mrs. C. E. Reeves, Lutesville Mo. ADDRESS Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
Coronary Occlusion
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (b) Chl myocardi (c) 24 hrs
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 4201 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (a.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) (Min.) _____ 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 8-18, 1953 to 8-18, 1953 that I last saw the deceased alive on 8-18, 1953 and that death occurred at 3 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Reeves 23b. ADDRESS Caruthersville, Mo. 23c. DATE SIGNED 8/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Aug. 22, 1953 24c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery 24d. LOCATION (City, town, or county) (State) Near East Prairie, Missouri Mississippi County

DATE REC'D BY LOCAL REG. Aug. 20, 1953 REGISTRAR'S SIGNATURE Jessie B. Wilk 25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith ADDRESS Funeral Home-C'ville; Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

8. 270-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 21 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

H. Denver Fike

Licensed Embalmer No.

4484

P. O. Address

Caruthersville, Tn

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.