

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 5 - 1953

BIRTH NO.		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH, a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARUTHERSVILLE</u>		c. LENGTH OF STAY (In this place) <u>52 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARUTHERSVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>1003 WALKERT AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1003 WALKER AVE</u>				d. STREET ADDRESS (If rural, give location) <u>1003 WALKERT AVE</u>			
3. NAME OF DECEASED (Type or Print) <u>JULIA</u>		a. (First)		b. (Middle) <u>HAM</u>		c. (Last) <u>PUGH</u>	
4. DATE OF DEATH <u>SEPT. 28, 1953</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>UNKNOWN</u>		9. AGE (In years, if under 1 year last birthday) Months Days Hours Min. <u>77</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>NEGRO</u>		10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CLARKTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tobe HAM</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>John</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tommy Pugh</u> ADDRESS <u>Caruthersville, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tommy Pugh</u> ADDRESS <u>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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>St. did not seek medical</u> DUE TO (c) <u>Care - no foul play evident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Test prints signed as Health Officer</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>7955</u>		YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:40</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Beecher</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>9/29/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MORGAN RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>	
DATE RECD BY LOCAL REG. <u>Sept 30, 1953</u>		REGISTRAR'S SIGNATURE <u>Lessie B. Wilke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray J. Undertaking Co.</u> ADDRESS <u>Caruthersville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

10-301-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

OCT 2 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 Charles E. Mungle

Licensed Embalmer No. 4877

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.