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

FILED NOV 18 1953

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

39863

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 184

**1. PLACE OF DEATH**
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pemiscot Memorial Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Little Prairie 0780
d. STREET ADDRESS (If rural, give location): Route One Caruthersville

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Horace
c. (Last): De Foe

**4. DATE OF DEATH** (Month) (Day) (Year): November 8 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: September 9 1888
**9. AGE** (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Day Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farm
**11. BIRTHPLACE** (City and State or Foreign Country): Gibson County, Tennessee
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John De Foe
**13b. MOTHER'S MAIDEN NAME**: Alice Garrett
**14. NAME OF HUSBAND OR WIFE**: Nettie De Foe

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): X
**16. SOCIAL SECURITY NO.**: 417-16-4880
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Nettie DeFoe C'ville.Mo.Rt.1

**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) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) associated intestinal + somatic emboli
DUE TO (c) Origin unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* C.V. Lues - Tertiary - not known 20-25 yrs

**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**: none — 332 X B
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): no
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): none
**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* 11-1-, 1953 *to* 11-8-, 1953 *that I last saw the deceased alive on* 11-8-, 1953 *and that death occurred at* 12:25 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: D. W. Cook M.D. (Degree or title)
**23b. ADDRESS**: Caruthersville, Mo.
**23c. DATE SIGNED**: 11-11-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Nov. 9 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Maple Cemetery
**24d. LOCATION** (City, town, or county) (State): Caruthersville, Mo.

**DATE REC'D BY LOCAL REG.**: 11-11-53
**REGISTRAR'S SIGNATURE**: John W. Herman 406
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: H.S. Smith Funeral Home C'vle.Mo.

(Licensed Embalmer's Statement on Reverse Side)

11-363-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 17 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 W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.