

Dr. Lamb

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39864

State File No.

FILED NOV 18 1953

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayti		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blytheville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pemiscot Memorial Hospital		e. STREET ADDRESS (If rural, give location) 611 Lilly St South	
3. NAME OF DECEASED (Type or Print) a. (First) Newton b. (Middle) James c. (Last) Handley		4. DATE OF DEATH (Month) (Day) (Year) Oct 30 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 20 1877
9. AGE (In years - last birthday) 75		10. AGE (In years - last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unobtainable		13b. MOTHER'S MAIDEN NAME Unobtainable	
14. NAME OF HUSBAND OR WIFE Mazy McCauley Handley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. N. J. Handley ADDRESS Blytheville Ark	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UNKNOWN DUE TO (c) cholecystitis ques. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NEPHRITIS, CHRONIC CARDIAC FAILURE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH Questionable but several years	
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)	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from DEC. 5, 1953 , to OCT. 30, 1953 , that I last saw the deceased alive on OCT. 30, 1953 , and that death occurred at 2:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Woodrow M. McCauley, M.D.		23b. ADDRESS Caruthersville, Mo.	
23c. DATE SIGNED 11/6/53		24. LOCATION (City, town, or county) (State) Blytheville Ark	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 1st 1953	
24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 9-11-53		REGISTRAR'S SIGNATURE John W. Herman	
25. FUNERAL DIRECTOR'S SIGNATURE Holt Funeral Home ADDRESS Blytheville Ark		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

11-358-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 14 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.

Was Embalmed in Ark.

Student Embalmer No.

Signed

E. M. Holt

Signed

Student Embalmer

Licensed Embalmer No. *11454*

P. O. Address *Platteville, Mo.*

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.