

FILED JAN 4 1954

STANDARD CERTIFICATE OF DEATH

State File No. **43780**

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville	
c. LENGTH OF STAY (In this place) 4 months		d. STREET ADDRESS (If rural, give location) 411 E. 13th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 411 E. 13th St.		e. (If rural, give location) 411 E. 13th Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Sadie	b. (Middle) Mae	c. (Last) White	DATE OF DEATH	Month Dec	Day 22	Year 53
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5. SEX 3 Fe	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 22 June 53	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 4 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Falcon, Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Levon White	13b. MOTHER'S MAIDEN NAME Jessie Mae	14. NAME OF HUSBAND OR WIFE Unknown	None
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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, JR. ADDRESS Jessie Mae White Caruthersville
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fulminating Septicemia		
	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 0534	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 21 Dec, 1953, to 21 Dec, 1953, that I last saw the deceased alive on 21 Dec, 1953, and that death occurred at 7 p m., from the causes and on the date stated above.

23a. SIGNATURE F. White M.D. (Degree or title)	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 22 Dec 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 23 Dec 53	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
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DATE REC'D BY LOCAL REG. 12-30-53	REGISTRAR'S SIGNATURE Jessie B. White	25. FUNERAL DIRECTOR'S SIGNATURE Philip B. Wood	ADDRESS Caruthersville, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

12-405-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE
CARUTHERSVILLE, MO.

DEC 31 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 Shelby B. Owens

Licensed Embalmer No. 4825

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.