

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43783

State File No.

No. 300
10-48

BIRTH NO. **FILED DEC 24 1953** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Pemiscott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town) Hayti, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portageville, Mo.	
c. LENGTH OF STAY (in this place) 10 Days		d. STREET ADDRESS (If rural, give location) ON 231V293H100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hayti Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Addie	b. (Middle) Bell	c. (Last) Doser	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 20, 1882	9. AGE (in years last birthday) 71	IF UNDER 1 YEAR Months 9 Days 19	IF UNDER 24 HRS. Hours 19 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Murphysboro, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Cynthia Woodard	14. NAME OF HUSBAND OR WIFE Bert Doser (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Claude Woods, Portageville, Mo	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Serubity 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Hayti, Pemiscott, Mo.
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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 **11-27, 1953**, to **12-9, 1953**, that I last saw the deceased alive on **12-8, 1953**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. J. Owens, M.D.	23b. ADDRESS Camthorville, Mo	23c. DATE SIGNED 12-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 11, 1953	24c. NAME OF CEMETERY OR CREMATORY Rose Garden Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston, Mo
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DATE REC'D BY LOCAL REG. 12-14-53	REGISTRAR'S SIGNATURE John W. Herman	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home Campbell, Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0281

12-396-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 22 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 Deo Rudes

Licensed Embalmer No. 2289

P. O. Address Cumby

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.