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

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

State File No. 5636

BIRTH NO. FILED MAR 1 1954 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 43

**1. PLACE OF DEATH**
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAYTI; rsville
c. LENGTH OF STAY (in this place): 410 mins
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PEMISCOT CO. MEMORIAL HOSP

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Caruthersville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 400 East 20th. Street 0780

**3. NAME OF DECEASED** (Type or Print)
a. (First): Ora
b. (Middle): B.
c. (Last): Kelley

**4. DATE OF DEATH** (Month) (Day) (Year): February 12, 1954

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: April 8, 1888
**9. AGE** (In years last birthday): 75 — 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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (City and State or Foreign Country): Bells, Tennessee
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: R.G. Parmenter
**13b. MOTHER'S MAIDEN NAME**: Mollie Blurton
**14. NAME OF HUSBAND OR WIFE**: Ed Kelley - Caruthersvill

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mr. Ed Kelley 400 E. 20th. St. C'vle.

**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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

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.* 331 X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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) 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* Feb 11, 1954, *to* Feb 12, 1954, *that I last saw the deceased alive on* Feb 12, 1954, *and that death occurred at* 7:50 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. F. Cain Mo
**23b. ADDRESS**: Caruthersville Mo
**23c. DATE SIGNED**: 2/16/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb. 14, '54
**24c. NAME OF CEMETERY OR CREMATORY**: Maple Cemetery
**24d. LOCATION** (City, town, or county) (State): Caruthersville, Missouri

**DATE REC'D BY LOCAL REG.**: 2/17/54
**REGISTRAR'S SIGNATURE**: John W. German 40 6-0
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: H.S. Smith Funeral Home C'vle. Mo.

(Licensed Embalmer's Statement on Reverse Side)

2-35-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 27 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Denver Dike

Licensed Embalmer No. 44

P. O. Address Caruther

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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