

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12784

State File No. _____

FILED MAY 3 1954

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>237</u> | | PRIMARY REG. DIST. NO. <u>582D</u> | | Registrar's No. <u>8</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jay Wye - ANDERSON</u> | | c. LENGTH OF STAY (In this place) <u>4 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u> | | d. STREET ADDRESS (If rural, give location) <u>0120 City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Box 415</u> | | | | 3. NAME OF DECEASED a. (First) <u>LODA</u> (Type or Print) b. (Middle) _____ c. (Last) <u>McCARVER</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1954</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Oct. 14, 1879</u> | | 9. AGE (In years last birthday) <u>74</u> | | # UNDER 1 YEAR Months <u>5</u> Days <u>26</u> | | # UNDER 1 HR. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Obion, Tennessee</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Gussie McCarver</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gussie McCarver, Clarkton, Mo.</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> 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. <u>old</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | 20. AUTOPSY? <u>334X</u> YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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) <u>Clarkton, Dunklin, Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>none</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>April 9, 1954</u> to <u>April 10, 1954</u> , that I last saw the deceased alive on <u>April 9, 1954</u> , and that death occurred at <u>9 A. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS _____ | | 23c. DATE SIGNED <u>Mo. April 17</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Apr. 11, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clarkton, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>4-30-54</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo</u> | | ADDRESS _____ | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Ga

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.