

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28442

State File No.

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Peniscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Peniscot</u>	
b. CITY OR TOWN <u>Caruthersville</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place) <u>19 Yrs</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rear 500 Carleton Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>James</u>		4. DATE OF DEATH <u>August 3, 1954</u>	
a. (First)		b. (Middle) <u>Brown</u>	
c. (Last)		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify)	
8. DATE OF BIRTH <u>April 21, 1902</u>		9. AGE (In years last birthday) <u>52</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Gin</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Light</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bailey</u>	
14. NAME OF HUSBAND OR WIFE <u>X</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>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Agnew</u> ADDRESS <u>Caruthersville, 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>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Leukemia</u> DUE TO (b) <u>Leukemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paraplegia 1 week duration</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 1, 1954</u> to <u>Aug 3, 1954</u> , that I last saw the deceased alive on <u>Aug 3, 1954</u> , and that death occurred at <u>4:05 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Caruthersville, Mo.</u>	
23c. DATE SIGNED <u>8/5/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>H.S. Smith Funeral Home C'ville. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>August 9, 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 500
10-48

8-184-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 13 1954

SEP 2 1954

DEC 29 1954

SEP 13 1954

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.....
Signature of Student Embalmer

Signed *H. Denver Dike*.....

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.