

STANDARD CERTIFICATE OF DEATH

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

BIRTH FILED SEP 15 1954 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Pennicott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mississippi</u> b. COUNTY <u>Pennicott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. CITY OR TOWN <u>Caruthersville</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 years</u>		e. STREET ADDRESS (If rural, give location) <u>604 W 5th st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>604 W 5th st</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NINA</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>HALL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 1-1954</u>
--	------------------------	--------------------------	-----------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan-17-1882</u>	9. AGE (In years last birthday) <u>72</u>	UNDER 1 YEAR Days <u>7</u>	1 YEAR Days <u>14</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
----------------------	---------------------------	--	-------------------------------------	---	-------------------------------	--------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sison Co. Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Will Dew</u>	13b. MOTHER'S MAIDEN NAME <u>Leatha N Nail</u>	14. NAME OF HUSBAND OR WIFE
------------------------------------	--	-----------------------------

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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maie Hall Trenton</u>	ADDRESS <u>Trenton Tenn R#1</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive C.V. Disease 4 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C Acute Cardiac rupture 1 wk</u>		
	DUE TO (c) <u>Paroial paralysis 2 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>resulted from cerebral accident 2 yrs ago</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>accident 2 yrs ago</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pennicott Tenn</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	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 8-24, 1954, to 9-1-54, 1954, that I last saw the deceased alive on 9-1-, 1954, and that death occurred at 11:55 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>D. W. Cook M.D.</u>	(Degree or title)	23b. ADDRESS <u>Caruthersville Tenn</u>	23c. DATE SIGNED <u>9-4-54</u>
---------------------------------------	-------------------	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Edison Tenn</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Sept. 9, 1954</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Wilke</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>La Forge and Co. Caruthersville</u>	ADDRESS <u>no</u>
---	--	---	-------------------

9-206-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Walc Dean*

Licensed Embalmer No. *3941*

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.