

FILED OCT 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34773

153

BIRTH NO.		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Pemiscot</u>		c. LENGTH OF STAY (in this place) <u>4 Days</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Havti</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot Memorial Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		d. STREET ADDRESS (If rural, give location) <u>911 Bell Avenue</u>	
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>Nancy</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Carter</u>		(Month) (Day) (Year) <u>September 29 '54</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 28, 1954</u>	
9. AGE (In years last birthday) <u>79</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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chestnut Bluff, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>B. B. Palmer</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Richardson</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>Gilbert Carter</u>		ADDRESS <u>*Milan, Tennessee</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>				<u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Marked debility, with secondary</u>					
		<u>enemic</u>				<u>about 3</u>	
		DUE TO (c)				<u>Months</u>	
		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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pemiscot Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. W. Cook</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Caruthersville</u>		23c. DATE SIGNED <u>10-5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 1 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-9-54</u>		REGISTRAR'S SIGNATURE <u>John W. German</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. S. Smith Funeral Home C'ville. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10-229-54
PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 73
CARUTHERSVILLE, MO.

10-26-54

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

Denver Pike

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, Mo.*

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.