

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. 001X 34791
State File No. _____

FILED OCT 22 1954

BIRTH NO. 54792-54 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Demarest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demarest</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Caruthersville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 East 20th St</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0780</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>TONY</u>	b. (Middle) <u>V.</u>	c. (Last) <u>JOE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-16-1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Aug. 2-1954</u>	9. AGE (In years last birthday) Months <u>2</u> Year <u>2</u> Days <u>2</u>	10. UNDER 14 HRS. Hours <u>2</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Caruthersville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edgar Joe</u>	13b. MOTHER'S MAIDEN NAME <u>Ruby Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>Edgar Joe Caruthersville Mo</u>	ADDRESS <u>Caruthersville Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Baby was sleeping</u> DUE TO (c) <u>mother was found dead</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>When she arose.</u>		<u>7953</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no evidence of foul play - no medical case</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>have not</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. B. Beecher</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Death Office Caruthersville Mo</u>	23c. DATE SIGNED <u>10/27/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Pidge</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 20, 1954</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Wilks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge Mf. Co.</u>	ADDRESS <u>Caruthersville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

782

10-226-54

HEMISDOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

10-20-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not}

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Noel C Deane*

Licensed Embalmer No. *390*

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.