

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41868

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

1. PLACE OF DEATH a. COUNTY <u>Pemscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Pemscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2 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>Rm of 406 E 9th</u>		STREET ADDRESS (If rural, give location) <u>0782</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u> b. (Middle) _____ c. (Last) <u>DURNELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-3-1954</u>		
5. SEX <u>F</u> 3		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>June 6-1891</u>		9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 48 HRS. Months Days Hours Min. <u>5 21</u>	
10a. USUAL OCCUPATION (If a kind of work done during most of working life (If retired)) <u>None wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monette City Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Cornelius Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen McIntosh</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Walker Caruthersville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cerebral accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C.V. disease</u> DUE TO (c) <u>Previous stroke 2 yrs ago</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous stroke 2 yrs ago</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>5-10 yrs</u> <u>4-5 X</u>	
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) _____		21b. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pemscot 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? _____	

22. I hereby certify that I attended the deceased from Nov 5, 1954, to Dec 3, 1954, that I last saw the deceased alive on Nov 5, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. W. Cook M.D.</u>		23b. ADDRESS <u>Caruthersville Mo.</u>		23c. DATE SIGNED <u>12-8-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Concord Miss.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 11, 1954</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Walker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Foye and Co.</u>		ADDRESS <u>Caruthersville Mo.</u>	

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

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12-291-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 18 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 *Noel C. Dean*.....

Licensed Embalmer No. *39*

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.