

No. 300
10. 48

Dr. Cain

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41870**

FILED JAN 10 1955 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 11

0782

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

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| 1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</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>31 Yrs.</u> | c. CITY OR TOWN <u>Caruthersville</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>600 West 6th. Street</u> | | d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>600 West 6th. Street</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Susan</u> c. (Last) <u>Lightfoot</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 21, 1954</u> |
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| 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>Dec. 13, 1870</u> | 9. AGE (In years last birthday) <u>84</u> | # UNDER 1 YEAR Months Days | # UNDER 24 HRS. Hours Min. |
| 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>Greenville, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>James D. Faulkner</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan Jane Duncan</u> | 14. NAME OF HUSBAND OR WIFE <u>X</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Guy E. Michie</u> | ADDRESS <u>Caruthersville, Mo. 600 W. 6th. St.</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 <u>78 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) m. | 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 Dec 18, 1954 to Dec 21, 1954, that I last saw the deceased alive on Dec 21, 1954, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. Cain M.D.</u> | 23b. ADDRESS <u>Caruthersville, Mo.</u> | 23c. DATE SIGNED <u>Dec 23 1954</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 23, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 6, 1955</u> | REGISTRAR'S SIGNATURE <u>Hessie B. Nickel</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> | ADDRESS <u>Funeral Home C'ville. Mo.</u> |
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1-3-55

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 70
CARUTHERSVILLE, MO.

JAN 7 1955

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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 *M. Denver Fike*.....

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.