

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9017

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Pemiscot 0742	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti 0		c. CITY OR TOWN Caruthersville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 204 E 12th. Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pemiscot Memorial Hospital			

3. NAME OF DECEASED a. (First) Emma b. (Middle) Stokes c. (Last) Partee			4. DATE OF DEATH March 8 1955			
5. SEX Female 3	6. COLOR OR RACE Negrb	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH February 7, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and State or Foreign Country) Caruthersville 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gus Stokes		13b. MOTHER'S MAIDEN NAME Ann Rice		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS 3043 Lawton St. Louis, Missouri	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident		DUE TO (b) Hypertension			18 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
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 3.31 X		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 2-18, 1955, to 3-8, 1955, that I last saw the deceased alive on 3-8, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Crown Koshale M.D. 0 (Degree or title)		23b. ADDRESS Caruthersville, Mo.		23c. DATE SIGNED 3-12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 13 '55		24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery	
24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.S. Smith Funeral Home C'ville. Mo.			
DATE REC'D BY LOCAL REG. 3-15-55		REGISTRAR'S SIGNATURE John W. German 456-G			

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

3-75-55

MAR 17 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 *W. Denver Dike*.....

Licensed Embalmer No. *44*.....

P. O. Address *Caruthers*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.