

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12781

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if other than institution) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville		c. CITY OR TOWN Caruthersville	
c. LENGTH OF STAY (in this place) 9 yrs		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 9th and Laurant Ave		e. STREET ADDRESS (If rural, give location) 9th and Laurant Ave	

3. NAME OF DECEASED (Type or Print) Sarah	a. (First)	b. (Middle)	c. (Last) Dixon	4. DATE OF DEATH (Month) (Day) (Year) Apr 12 55
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5. SEX Fe	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 26 Mar 1888	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR 1	11. UNDER 2 WKS. Hours 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and State or Foreign Country) Walnut Lake, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Henry Taylor	13b. MOTHER'S MAIDEN NAME Catherine (Unknown)	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mimie Lee	ADDRESS Gen Del C'ville, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral accident		5-14 yrs?
	ANTECEDENT CAUSES		
	MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Hypertensive C.V. disease		
	DUE TO (c) none		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. none		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Caruthersville, Pemiscot, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	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 4-10-55 to 4-12-55, that I last saw the deceased alive on 4-11-55 and that death occurred at 5:00 am, from the causes and on the date stated above.

23a. SIGNATURE D. W. Cook, M.D.	(Degree or title)	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 4-14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 14th Apr 55	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
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DATE REC'D BY LOCAL REG. 4-14-1955	REGISTRAR'S SIGNATURE James B. Milker	25. FUNERAL DIRECTOR'S SIGNATURE E. D. Wood	ADDRESS C'ville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

782

4-113-55

APR 15 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 *A.B. Doolittle*.....

Licensed Embalmer No. *4633*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.