No. 300
10.48

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

Dr. Trice

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30313

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (In this place): 6 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pemiscot Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Little Prairie
d. STREET ADDRESS (If rural, give location): Caruthersville Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) Lee c. (Last) Sides

4. DATE OF DEATH (Month) (Day) (Year): September 18 '55

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1887
9. AGE (In years last birthday): 67 — If under 1 year: Months / Days — If under 1 day: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Tippah County, Mississippi
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William S. Sides
13b. MOTHER'S MAIDEN NAME: Emily Watkins
14. NAME OF HUSBAND OR WIFE: Annie Sides

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Annie Sides — **ADDRESS**: Rt. 1 C'ville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis Severe — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Arteriosclerosis
DUE TO (c) 332X

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
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-16, 1955, *to* 9-18, 1955, *that I last saw the deceased alive on* 9-18, 1955, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry G. Pairs (Degree or title): M.D.
23b. ADDRESS: Hayti Mo
23c. DATE SIGNED: 9-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 20, '55
24c. NAME OF CEMETERY OR CREMATORY: Little Prairie Cem.
24d. LOCATION (City, town, or county) (State): Caruthersville, Missouri

DATE REC'D BY LOCAL REG.: 9-21-55
REGISTRAR'S SIGNATURE: John W. German
25. FUNERAL DIRECTOR'S SIGNATURE: H.S. Smith — **ADDRESS**: Funeral Home C'ville. Mo

(Licensed Embalmer's Statement on Reverse Side)

9-264-55

SEP 24 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE
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 .....
Student Embalmer

Signed W. Denver Dike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.