

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1955

State File No. **41518**

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 25

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>Hayti, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Little Prairie</u> 0780	
c. LENGTH OF STAY (In this place) <u>5 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Caruthersville, Rt. one</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot County Mem. Hsp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louella</u>	b. (Middle) <u>Dunavant</u>	c. (Last) <u>Dunavant</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 17, 55</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>June 16, 1865</u>	9. AGE (In years last birthday) (Specify) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 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>Pemiscot County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Robert Wilks</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rutledge</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>R.L. Dunavant Sr.</u> ADDRESS <u>Rt. One Caruthersville, Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infection</u>		
	DUE TO (c) <u>old age</u> 490X		
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 <input type="checkbox"/> NO <input 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 11-12, 1955, to 11-17, 1955, that I last saw the deceased alive on 11-17, 1955, and that death occurred at 6:04 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Mackle</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Caruthersville, Mo</u>	23c. DATE SIGNED <u>11-26-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-30-55</u>	REGISTRAR'S SIGNATURE <u>John St. Germain</u> 406	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> ADDRESS <u>Funeral Home C'ville, Mo.</u>
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12-376-55

DEC 27 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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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