

FILED APR 6 1956
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10009

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 81

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Amey</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemscot</u> | |
| b. CITY (If death occurred in rural area, give township) <u>Amey</u> | | c. CITY OR TOWN <u>Cynthiana</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>07823</u> | |

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|--|---------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u> b. (Middle) _____ c. (Last) <u>HAZEL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-16-1956</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, OR ORPHAN (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>July-21-1881</u> | | 9. AGE (In years) (If under 1 year, last birthday) <u>74</u> Months <u>7</u> Days <u>23</u> 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 _____ | | 11. BIRTHPLACE (City and State; Foreign Country) <u>Cynthiana, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Edward Wood</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Sloan</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dead</u> | |
| 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>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert Hazel Cynthiana</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Pulmonary Embolic Infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anticoagulant Heart Disease & acute Dehydration</u> | | | |
| | | DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Elevated</u> | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 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) <u>4200</u> | |
| 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 3-4, 1956, to 3-16, 1956, that I last saw the deceased alive on 3-16, 1956 and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Warren R. McCoy, M.D.</u> | | 23b. ADDRESS <u>Cynthiana, Mo.</u> | | 23c. DATE SIGNED <u>3/21/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-17-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Little France</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Cynthiana, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Joel C. Deane</u> | | ADDRESS <u>Cynthiana</u> | |
| DATE REC'D BY LOCAL REG. <u>4-11-56</u> | | REGISTRAR'S SIGNATURE <u>John Z. German</u> | | | |

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

6-0

4-94-56

APR 13 1956

PERMISSEOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 15 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Noel C Dean*

Licensed Embalmer No. *394*

P. O. Address *Caruthersville*

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