

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14156

State File No.

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 40

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|--|---|--|---|
| 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 OR TOWN <u>Caruthersville</u> | c. LENGTH OF STAY (In this place) <u>40 yrs</u> | c. CITY OR TOWN <u>Caruthersville</u> | 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 | | • STREET ADDRESS (If rural, give location) <u>318 Juliett Ave</u> <u>0783</u> | |

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|-------------------------------------|---------------------------|-------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>William</u> | b. (Middle) | c. (Last) <u>Bess</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-27-56</u> |
|-------------------------------------|---------------------------|-------------|-----------------------|--|

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|-----------------|-----------------------------|---|----------------------------------|---|--|---|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>Col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>9-8-1888</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cracketh Co. Tenn</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|-----------------------------------|--|--|
| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Willie Bess</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. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME <u>Roy Bess</u> ADDRESS <u>Caruthersville</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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | <u>3 Days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>--</u> | | <u>unknown</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Caruthersville, Pemiscot, Mo.</u> |
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| 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? |
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22. I hereby certify that I attended the deceased from 23 April 1956, to 27 April 1956, that I last saw the deceased alive on 27 April 1956, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Fulwaker md</u> (Degree or title) | 23b. ADDRESS <u>Caruthersville, Mo.</u> | 23c. DATE SIGNED <u>30 April 1956</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-30-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u> | 24d. LOCATION (City, town, or county) (State) <u>Caruthersville</u> |
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| DATE REC'D BY LOCAL REG. <u>5-2-56</u> | REGISTRAR'S SIGNATURE <u>Fred B. Wilke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>German and Co. Steels Mo.</u> ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-113-56

MAY 3 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

REC'D
MAY 7 1956

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.....
John H. German

Licensed Embalmer No. *425*

P. O. Address *Hayti, 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.