

FILED JUL 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21383**

|  |   |  |  |   |  |  |  |
|--|---|--|--|---|--|--|--|
| BIRTH NO. _____  |   | REG. DIST. NO. <b>267</b>  |  | PRIMARY REG. DIST. NO. <b>3049</b>  |  | Registrar's No. <b>125</b>   |  |
| 1. PLACE OF DEATH  |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  |  |  |  |
| a. COUNTY<br><b>Pemiscot</b>   |   | a. STATE<br><b>Missouri</b>  |  | b. COUNTY<br><b>Pemiscot</b>  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>Hayti</b>   |   | c. LENGTH OF STAY (In this place)<br><b>2 Days</b>   |  | c. CITY OR TOWN<br><b>Mound Farm New Madrid County</b>                                  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Pemiscot County Mem. Hsp.</b>  |   |  |  | f. STREET ADDRESS (If rural, give location)<br><b>Portageville Route 1</b>              |  |  |  |
| 3. NAME OF DECEASED  |   |  | 4. DATE OF DEATH   |   |  |  |  |
| a. (First)<br><b>Olive</b>   | b. (Middle)<br><b>Elizabeth</b>   | c. (Last)<br><b>Hutchison</b>  | (Month)<br><b>June</b>   | (Day)<br><b>15</b>  | (Year)<br><b>1956</b>  |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>                               | 8. DATE OF BIRTH<br><b>April 29, 1868</b>                        | 9. AGE (In years last birthday)<br><b>88</b>  | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>                                 | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Saline County, Illinois</b>    |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>John Duncan</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Wilson</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>X</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Ralph Hutchison</b>                             |  | ADDRESS<br><b>Caruthersville, Mo.</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 Days</b>  |  |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute Pancreatitis</b>  |  |  |   |  |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Infection</b>      |  |  |   |  |  |  |
|  | DUE TO (c)  |  |  |   |  |  |  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Cholelithiasis</b> |  |  |   |  |  |  |
| 19a. DATE OF OPERATION   |   | 19b. MAJOR FINDINGS OF OPERATION<br><b>5870</b>  |  |   |  | 20. AUTOPSY?<br>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)   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |   | 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 <b>6-13, 1956</b> , to <b>6-15, 1956</b> that I last saw the deceased alive on <b>6-15, 1956</b> , and that death occurred at <b>4:40 Am.</b> , from the causes and on the date stated above. |   |  |  |   |  |  |  |
| 23a. SIGNATURE<br><b>C. W. Marshall M.D.</b>   |   |  |  | 23b. ADDRESS<br><b>Caruthersville, Mo.</b>  |  | 23c. DATE SIGNED<br><b>6-22-56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 24b. DATE<br><b>June 17, '56</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Little Prairie Cem.</b> |   | 24d. LOCATION (City, town, or county) (State)<br><b>Caruthersville, Missouri</b> |  |  |
| DATE REC'D BY LOCAL REG.<br><b>6-27-56</b>   |   | REGISTRAR'S SIGNATURE<br><b>John H. Gorman</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>H.S. Smith Funeral Home C'ville. Mo.</b> |  |  |  |

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

7-169-56

JUL 11 1956

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 *W. Denver Pike*

Licensed Embalmer No. *4424*

P. O. Address *Caruthersville*

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.