

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38927**

896 83-56
FILED DEC 12 1956

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 196

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MO b. COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville | |
| c. LENGTH OF STAY (In this place) 2 days | | d. STREET ADDRESS (If rural, give location) 0 182 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pemiscot Co. Memorial | | | |

| | | | |
|--|---------------------------------|---|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) (Baby) b. (Middle) _____ c. (Last) Houston | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 23 1956 | |
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 | 8. DATE OF BIRTH Nov. 21, 1956 |
| 9. AGE (In years last birthday) 2 | | 10. IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |

| | | | | | |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME William Houston | | 13b. MOTHER'S MAIDEN NAME Wringer | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME William Houston Caruthersville MO ADDRESS | |

| | | | | | |
|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity | | II. OTHER SIGNIFICANT CONDITIONS Scleredema | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (b) _____ | | | |
| | | DUE TO (c) _____ | | | |

| | | | | | |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m. | | 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 11/22, 1956, to 11/23, 1956, that I last saw the deceased alive on 11/23, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE Warren W. McCoy, M.D. (Degree or title) | | 23b. ADDRESS Caruthersville MO | | 23c. DATE SIGNED 11/24/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-24-56 | | 24c. NAME OF CEMETERY OR CREMATORY Osborne Hill | |
| 24d. LOCATION (City, town or county) (State) Caruthersville MO | | 25. FUNERAL DIRECTOR'S SIGNATURE W. J. Smith ADDRESS Hayti, MO | | | |
| DATE REC'D BY LOCAL REG. 12-1-56 | | REGISTRAR'S SIGNATURE John H. Herman | | | |

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

406

12-314-56

DEC 10 1956

DEARBORN COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

Not Embalmed

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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