

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42329**BIRTH NO. **79662-56** REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **5909** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY OR TOWN Caruthersville	
c. LENGTH OF STAY (in this place) 5 Hours		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route One-Caruthersville		e. STREET ADDRESS (If rural, give location) Route One	
3. NAME OF DECEASED (Type or Print) a. (First) Marcus b. (Middle) Dewayne c. (Last) Bess			4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1956
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 15, 1956
9. AGE (in years last birthday) 5	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Geneva Bess	14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Roy Bess Rt. 1. Caruthersville, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis		INTERVAL BETWEEN ONSET AND DEATH 5 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
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 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) 7625
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 **15 Dec, 1956**, to **15 Dec, 1956**, that I last saw the deceased alive on **5:5 PM, 19 56**, and that death occurred at **6 PM**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Look md	(Degree or title)	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 12/18/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 16, '56	24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
DATE REC'D BY LOCAL REG. Jan 6 1957	REGISTRAR'S SIGNATURE Jessie B. Walker	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.S. Smith Funeral Home C'ville, Mo.	

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

0780

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1-1-57

JAN 4 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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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..

This body was not embalmed

Student.....
Signature of Student Embalmer

Signed *W. Dewey Pike*

Licensed Embalmer No. *4484*

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.