

Health, Welfare & Public Service

300-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

47

DA, COOK  
FILED JUN 24 1957  
41282-57

STANDARD CERTIFICATE OF DEATH

57022036

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Pennacot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Massachusetts</u> b. COUNTY <u>Pennacot</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Carruthersville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Carruthersville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>304 E 14th</u>		Length of stay in lb <u>24 hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>304 E 14th St</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROCHELLE</u> Middle <u>MANUEL</u> Last <u>MANUEL</u>				4. DATE OF DEATH Month <u>June</u> Day <u>6</u> Year <u>1957</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 5 - 1957</u>	
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life (If still retired) <u>Child</u>	
100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) <u>Carruthersville, Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Wayman Manuel</u>	
14. MOTHER'S MAIDEN NAME <u>Rose Lee Allen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Wayman Manuel Carruthersville</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>atelectasis</u> DUE TO (b) <u>as</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVENTION PERFORMED <u>1 Day</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>None</u>					
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Carruthersville</u>		COUNTY <u>Pennacot</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>June 5 1957</u> to <u>June 6 1957</u> and last saw her/him alive on <u>June 6 1957</u> . Death occurred at <u>11:50 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) <u>O. W. Cook M.D.</u>				22b. ADDRESS <u>Carruthersville, Mo.</u>		22c. DATE SIGNED <u>6-11-57</u>	
23a. FUNERAL CREMATION (S, C, or N) <u>S</u>		23b. DATE <u>June 7 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Pidge</u>		23d. LOCATION (City, town, or county) (State) <u>Carruthersville Mo.</u>	
24. FUNERAL DIRECTOR <u>Noel E Sean Carruthersville</u>		ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>June 15 1957</u>		26. REGISTRAR'S SIGNATURE <u>Fred B. Wick</u>	

(Licensed Embalmer's Sealment on Reverse Side)

6-174-57

JUN 21 1957

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  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Hal C Dean*

Licensed Embalmer No. *39*

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.