

FILED SEP 30 1957

STANDARD CERTIFICATE OF DEATH

31054

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 433

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, give TOWNSHIP, only) TOWN <u>Cape Girardeau</u> <u>0</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Cape Girardeau</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		Length of stay in lb <u>3 days</u>		c. CITY OR TOWN <u>Cape Girardeau</u> <u>0164</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>WILLIAM</u>		Middle <u>P.</u>		Last <u>CARUTHERS</u>		Month <u>September</u> Day <u>26</u> Year <u>1957</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 7, 1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State College</u>		11. BIRTHPLACE (City and state or country) <u>Yount, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>James W. Caruthers</u>				14. MOTHER'S MAIDEN NAME <u>Sara Counts</u>			
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. <u>None</u>		17. INFORMANT Address <u>Clark Caruthers St. Louis, Mo.</u>			
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>Cerebrovascular Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>331 X</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Sept. 23, 1957</u> , to <u>Sept. 26, 1957</u> and last saw <u>him</u> alive on <u>Sept. 25, 1957</u> . Death occurred at <u>2:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Israel M. Hoxworth, M.D.</u>				22b. ADDRESS <u>24 N. Spring Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>9/26/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Sept. 28, 1957</u>		<u>Memorial Park Cem.</u>		<u>Cape Girardeau, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Walther's Funeral Home Cape Girardeau, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>9-27-1957</u>		26. REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		

(Licensed Embalmer's Statement on Reverse Side)

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1-56
 health, Welfare
Public
service
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1-56
 74-11
 All
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 No symptoms will be listed. All
 non-natural causes of death must be certified to a death due to natural causes.
 Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 9 1957

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 *William Lee Thomas*

Licensed Embalmer No. *441*

P. O. Address *Cape Girardeau*

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.