

FILED DEC 11 1957

Registration District No.

270

Primary Registration District No.

3050

Registrar's No.

5

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Caruthersville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Caruthersville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Caruthersville</b>		Length of stay in lb <b>74 Yrs.</b>	d. STREET ADDRESS <b>609 e. 10th st.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			First	Middle	Last
<b>William</b>			<b>Watson</b>		<b>Hogue</b>
4. DATE OF DEATH	Month	Day	Year		
<b>Nov.</b>	<b>23</b>	<b>1957</b>			
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
<b>Male</b>	<b>White</b>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>Aug. 12 1983</b>	<b>76</b>	IF UNDER 24 HRS.
					Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?
<b>Laborer</b>		<b>Veneer Plant</b>	<b>Pemiscot Missouri</b>		<b>U.S.A.</b>
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
<b>Jim Hogue</b>			<b>Alpha Martin</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT	Address	
<b>No</b>		<b>488-16-5281</b>	<b>Irene Hogue</b>	<b>Caruthersville, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <b>arteriosclerotic heart disease</b>
DUE TO (c)					
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	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>4200</b>		
20c. TIME OF INJURY	Hour	Month, Day, Year			
	a. m.	p. m.			
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	COUNTY	STATE	
	<b>Home</b>	<b>Caruthersville</b>	<b>Pemiscot</b>	<b>Missouri</b>	
21. I attended the deceased from <b>July 1956</b> to <b>November '57</b> and last saw him alive on <b>November 1957</b> Death occurred at <b>7:30</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title)			22b. ADDRESS		22c. DATE SIGNED
<b>Eugene R. Shandor, M.D.</b>			<b>Caruthersville, Missouri</b>		<b>11-24-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)	
<b>Burial</b>	<b>Nov. 25 1957</b>	<b>Maple</b>	<b>Caruthersville Missouri</b>		
24. FUNERAL DIRECTOR		ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
<b>H.S. Smith funeral home</b>		<b>Mo. C'ville.</b>	<b>Nov. 30, 1957</b>	<b>Jessie B. Wilkes</b>	

12-253-57

DEC 9 - 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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. James Fike*

Licensed Embalmer No. *448*

P. O. Address *Caruthersville Mo.*

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.