

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029826
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 58

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, give TOWNSHIP only) OR TOWN Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Caruthersville 682
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 11months	d. STREET ADDRESS (If outside, give location) Rear 4th & Eastwood
3. NAME OF DECEASED (Type or print) First Chalmers Middle Bear Last Bear		4. DATE OF DEATH Month Sept. Day 2 Year 1958	
5. SEX M	6. COLOR OR RACE 2 Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28-19-07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Compress Worker		10b. KIND OF BUSINESS OR INDUSTRY Cotton	9. AGE (In years) IF UNDER 1 YEAR Years 51 Months 0 Days 4
11. BIRTHPLACE (City and state or country) Caruthersville Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Worley Bear		13b. MOTHER'S MAIDEN NAME Melessia Ham	14. NAME OF HUSBAND OR WIFE Louise Bear
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.	17. INFORMANT Address Louise Bear Caruthersville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 9 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis			
DUE TO (c) _____			331 X
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 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 Sept 2, 1958 to Sept. 2, 1958 and last saw her alive on Sept 2, 1958 Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Woodrow M. Lamb, M.D.		22b. ADDRESS Sawyer Bldg. Caruthersville, Mo.	22c. DATE SIGNED 9-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 5-1958	23c. NAME OF CEMETERY OR CREMATORY Rice Cemetery	23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
24. FUNERAL DIRECTOR ADDRESS LaForge Und. Co. C'ville Mo		25. DATE RECD. BY LOCAL REG. 9-10-1958	26. REGISTRAR'S SIGNATURE Jessie B. Wilke

Woodrow M. Lamb, M.D.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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9-259-58

SEP 10 1958

DEC 4 1958

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 *Noel C Dean*

Licensed Embalmer No. *394*
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.