

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040922

STATE FILE NUMBER

DEC 4 1958 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 72

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Caruthersville c 782 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. 14th. & R.R.		Length of stay in lb 22 Yrs.	d. STREET ADDRESS (If outside, give location) E. 14th. St. & R.R. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elenora Middle Glover Last Glover			4. DATE OF DEATH Month November Day 21 Year 1958		
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown 1884	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic-Maid		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (City and state or country) Shelby, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Williams		13b. MOTHER'S MAIDEN NAME Angeline Shaffer		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. None		17. INFORMANT George P. Williams - Dundee, Miss. Address Rt. 1 Box 41	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart failure			INTERVAL BETWEEN ONSET AND DEATH 11 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) failure					
DUE TO (c) Hypertensive C.V. disease 443X					
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.)			
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	
21. I attended the deceased from Nov 10, 58 to Nov 11, 1958 and last saw her/him alive on Nov 10, 1958 Death occurred at 2 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. W. Cook (Degree or title)		22b. ADDRESS Caruthersville, Mo.		22c. DATE SIGNED 11-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 24, 1958		23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery Caruthersville, Missouri	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS H.S. Smith Funeral Home - O'ville, Mo.			
25. DATE RECD. BY LOCAL REG. 11-26-1958		26. REGISTRAR'S SIGNATURE Freddie B. Wilke			

Doctor, coroner, etc. must use standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE. MEDICAL CERTIFICATION

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COURT HOUSE
CARUTHERSVILLE, MO. PHONE 79
HEALTH DEPARTMENT

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. Denver Fike*

Licensed Embalmer No. *4484*

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.