THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014306
STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 500 E. 13th. St. — Length of stay in Ib 7 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville — Inside Limits Yes X No
d. STREET ADDRESS 500 E. 13th. St. (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First: Rachel Middle: Last: Tells
4. DATE OF DEATH Month: May Day: 1 Year: 1959
5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH August, 1862
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Leota, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ison Martin
13b. MOTHER'S MAIDEN NAME Violet Whalen
14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. None
17. INFORMANT Pearline Brown — Address 500 E. 13th. St. Caruthersville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) chronic glomerulonephritis — undetn
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4/29/59 to 5/1/59 and last saw her/him alive on 5/1/59
Death occurred at 7:45A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Caruthersville Mo
22c. DATE SIGNED 5/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 4, 1959
23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery
23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri

24. FUNERAL DIRECTOR H.S. Smith Funeral Home — C'ville. ADDRESS
25. DATE RECD. BY LOCAL REG. May 5, 1959
26. REGISTRAR'S SIGNATURE Fessie B. Wilke

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1959

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. Dawet Jeke

Licensed Embalmer No. 4484

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.