

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022336

STATE FILE NUMBER

FILED JUL 1 1959

Registration District No. 967 Primary Registration District No. 3049 Registrar's No. 82

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 Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (Hospital or Institution) Hospital		Length of stay in 1b 6 wks.	d. STREET ADDRESS (If outside, give location) 1215 Grand Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Annie Middle Lee v Last MILLER			4. DATE OF DEATH Month June Day 2 Year 1959.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 13, 1895	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Month 10 Day 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Jackson, Madison Co. Tenn.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Clave Nannie		13b. MOTHER'S MAIDEN NAME Susie Drake	
14. NAME OF HUSBAND OR WIFE Mrs. Ellen Owens, 1215 Grand Ave. / Mo.		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 Mrs. Ellen Owens, 1215 Grand Ave. / 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) MYOCARDIAL INFARCTION DUE TO (b) A S H D DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EMPHYSEMA		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 April 4, 1958 , to June 2, 1959 and last saw her alive on June 2, 1959 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 Alan S. Rubin (Degree or title) M.D.		22b. ADDRESS Caruthersville, Mo.	
22c. DATE SIGNED 6-2-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-5-59	
23c. NAME OF CEMETERY OR CREMATORY Liberty Grove Cemetery		23d. LOCATION (City, town, or county) Jackson, Madison Co., Tenn.		(State)	
24. FUNERAL DIRECTOR John W. German, Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 6-4-59		26. REGISTRAR'S SIGNATURE Valeria Popham	

Health, & Welfare
Public Service

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 29 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 *John W. Gorman*

Licensed Embalmer No. *4355*

P. O. Address *Abeyti, 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.