

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041151

FILED VS. DEC 15 1959 270

Primary Registration District No. 3050 Registrar's No. 77

STATE FILE NUMBER

ENDED

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		Length of stay in 1b 4 months		c. CITY OR TOWN Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION wolf's Alley			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Wolf's Alley		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Bennie Middle Hill Jr. Last				4. DATE OF DEATH Month Nov. Day 21-- Year 1959												
5. SEX M	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug-25-1942	9. AGE (last birthday) 17	IF UNDER 1 YEAR Months 2 Days 26	IF UNDER 24 HR Hours Min. 									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Dundee Mississippi		12. CITIZEN OF WHAT COUNTRY U.S.A.									
13a. FATHER'S NAME Bennie Hill			13b. MOTHER'S MAIDEN NAME Ollie Mae Ran			14. NAME OF HUSBAND OR WIFE None										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) N			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Bennie Hill, C'Ville, 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) Acute Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH 12 hours									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease							undeter									
DUE TO (c) Rheumatic Fever							undeter									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year 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 11/21/59 to 11/21/59 and last saw ^{her} him alive on 11/21/59 Death occurred at 3:40 p on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE Fred [Signature] (Degree or title)						22b. ADDRESS Caruthersville, Mo				22c. DATE SIGNED 12/2/59						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Wardell Cemetery			23d. LOCATION (City, town, or county) Wardell, Missouri										
24. FUNERAL DIRECTOR Noel C. Dean C'Ville, Mo				25. DATE RECD. BY LOCAL REG. 12-4-1959		26. REGISTRAR'S SIGNATURE Fleming B. Wilke										

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Sean

Licensed Embalmer No.

3940

P. O. Address

Caruth

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.