

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011976

FILED VS APR 4 1960

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Caruthersville</b>		Length of stay in 1b OR TOWN <b>1 month</b>		c. CITY OR TOWN <b>Caruthersville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>1 mi. South of Caruthersville</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If care, give location) <b>1 mi. South of Caruthersville</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Annie</b> Middle <b>B.</b> Last <b>Lee</b>				4. DATE OF DEATH Month <b>March</b> Day <b>11</b> Year <b>1960</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-20-1910</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Humboldt, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Bud Pratt</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>David James Caruthersville, Mo.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>David James Caruthersville, Mo.</b> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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"/> N. <input type="checkbox"/> Unknown		
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.		Month, Day, Year						
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 <b>3-11-60</b> to <b>3-11-60</b> and last saw her/him alive on <b>3-11-60</b>				Death occurred at <b>5</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>[Signature]</b> (Degree or title)				22b. ADDRESS <b>Caruthersville, Missouri</b>		22c. DATE SIGNED <b>3-11-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-12-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pascola</b>		23d. LOCATION (City, town, or county) <b>Pascola,</b>		23e. STATE <b>Missouri</b>		
24. FUNERAL DIRECTOR <b>T.J. Smith,</b> ADDRESS <b>Hayti, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>3-12-60</b>		26. REGISTRAR'S SIGNATURE <b>Harstard Wike M.D.</b>			

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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_ Signed \_\_\_\_\_  
Signature of Student Embalmer

*Not embalmed*  
*J. Smith*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.