

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-016310**

**FILED VS MAY 16 1960 267**

Registration District No. \_\_\_\_\_ Primary Registration District No. 3049 Registrar's No. 74

STATE FILE NUMBER

INDEXED

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>Hayti</b>		Length of stay in 1b <b>6hrs</b>		c. CITY OR TOWN <b>Caruthersville,</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hayti Hospital</b>			Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>710 west 10th st.</b>		Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Wilma</b> Middle <b>Lula</b> Last <b>Kirkman</b>			4. DATE OF DEATH Month <b>April</b> Day <b>19</b> Year <b>1960</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 12, 1881</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>7</b>	IF UNDER 24 HR Hours <b></b> Min. <b></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>none</b>		11. BIRTHPLACE (City and state or country) <b>Bemis, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Richard Wright</b>			13b. MOTHER'S MAIDEN NAME <b>Sally Allison</b>			14. NAME OF HUSBAND OR WIFE <b>dead</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. <b>none</b>		17. INFORMANT <b>Mrs/ Hattie Crockett, C'Ville</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>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>Arteriosclerosis</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"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH <b>Mo. 1 day</b> <b>years</b>	
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 <b>3/1/56</b> to <b>4-19/60</b> and last saw <sup>her</sup> him alive on <b>4/19/60</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Walter P. McCoy MD</b>				22b. ADDRESS <b>Caruthersville Mo</b>			22c. DATE SIGNED <b>4/29/60</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April, 21, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Liberty</b>		23d. LOCATION (City, town, or county) <b>Caruth, Missouri</b>			
24. FUNERAL DIRECTOR <b>Noel C. Dean, Caruthersville, Mo. 4-29-'60</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>4-29-'60</b>		26. REGISTRAR'S SIGNATURE <b>L. Linda Adams</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 Sam L. Hedgepeth, Student Embalmer No. 586

working under my personal supervision.

Student Sam L. Hedgepeth  
Signature of Student Embalmer

Signed Sam L. Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Made

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.