URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039190
STATE FILE NUMBER

FILED VS NOV 4 1960

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN. Caruthersville
Length of stay in 1b: 1 Month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 202 Carlton Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Lucy Middle: L. Last: Hawkins
4. DATE OF DEATH Month: Oct. Day: 20, Year: 1960
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-25-1897
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months 6 Days 25
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): North Carolina
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Tom Nauden Wynn, Ark.

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) Infarction Myocardium — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — sudden
DUE TO (c) —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 10-18-60 to 10-20-60 and last saw her alive on 10-20-60
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) M.D.
22b. ADDRESS Caruthersville Mo
22c. DATE SIGNED 10/24/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-20-1960
23c. NAME OF CEMETERY OR CREMATORY: Wynn Cemetery
23d. LOCATION (City, town, or county) (State): Wynn Ark.
24. FUNERAL DIRECTOR ADDRESS: Beman Fitzue Wynn, Ark.
25. DATE RECD. BY LOCAL REG.: 10-25-1960
26. REGISTRAR'S SIGNATURE: Jack W Tipton

(Licensed Embalmer's Statement on Reverse Side)

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 Noel C Dea

Signature of Student Embalmer

Licensed Embalmer No. 3941

P. O. Address Camilla

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