

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002431

STATE FILE NUMBER

FILED VS FEB 7 1961
 Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Little Prairie T.S.		Length of stay in 1b 5yrs	c. CITY OR TOWN Caruthersville R#1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION no		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4mi West C'Ville Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Louise Fields			4. DATE OF DEATH Jan-16-1961	
5. SEX F	6. COLOR OR RACE negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 29, 1918	9. AGE (last birthday) 42
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Middleton Tennessee	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm. Anderson		13b. MOTHER'S MAIDEN NAME Mary Reed		14. NAME OF HUSBAND OR WIFE Lenwood Fields	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT R#1 Box 754 Lenwood Fields 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) Bilateral lobar pneumonia			INTERVAL BETWEEN ONSET AND DEATH 6 days
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"/> No <input type="checkbox"/> Unknown		
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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 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 15 Jan 1961 to 16 Jan 1961 and last saw her alive on 16 Jan 1961 Death occurred at 1 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Frank Reed</i> (Degree or title)	22b. ADDRESS Caruthersville mo	22c. DATE SIGNED 1/18/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 20, 1961	23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge	23d. LOCATION (City, town, or county) Caruthersville Mo
24. FUNERAL DIRECTOR Noel C. Dean C'Ville, Mo		25. DATE RECD. BY LOCAL REG. 1-20-61	26. REGISTRAR'S SIGNATURE <i>Jack W. Tipton</i>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

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 Deane

Licensed Embalmer No. 3941

P. O. Address Canthursville
Tenn.

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.