# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014620

STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 63

FILED MAY 11 1961

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Length of stay in 1b 64 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pem.Cty.Mem.Hsp. — 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 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 915 Adams-Apt.12 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ada Middle Johnson Last Brizes

4. DATE OF DEATH Month April Day 26, Year 1961

5. SEX Female
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4/16/86
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Mississippi
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.
17. INFORMANT Address Welfare Records-Caruthersville,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) CVA — INTERVAL BETWEEN ONSET AND DEATH 64 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HCVD
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) A.S.V.D
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 2-25-61, to 4-26-61 and last saw her/him alive on 4-26-61
Death occurred at 9:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C W McKaskle MD
22b. ADDRESS Caruthersville, Mo.
22c. DATE SIGNED 5-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr.27,1961
23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery
23d. LOCATION (City, town, or county) (State) Caruthersville,Missouri

24. FUNERAL DIRECTOR ADDRESS H.S.Smith Funeral Home *C'ville.Mo.
25. DATE RECD. BY LOCAL REG. 5-6-61
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT | MEDICAL CERTIFICATION

**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_____ Signed W. Denver Fike
Signature of Student Embalmer

Licensed Embalmer No. 4484

P. O. Address Caribbersville Me

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.