

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033751

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 43

FILED SEP 19 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Little Prairie</u>  |   | Length of stay in 1b <u>6 Yrs.</u>  | c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West of Stubtown Rt. 1 Caruthersville, Mo.</u>  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <u>Route One</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                    |
| 3. NAME OF DECEASED First Middle Last<br><u>Harrison Tony</u>  |   |   | 4. DATE OF DEATH Month Day Year<br><u>August 16, 1961</u>  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>Negro</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7/26/05</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farm Laborer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   | 9. AGE (last birthday) <u>56</u><br>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  |
| 11a. BIRTHPLACE (City and state or country)<br><u>Shelby County, Tenn.</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |  |
| 13a. FATHER'S NAME<br><u>Aubrey Tony</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mae Ella Edinburgh</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Mary Crenshaw Tony</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>X</u>   |  |
| 17. INFORMANT Address<br><u>Mary Crenshaw Tony-Rt. 1 C'ville, Mo</u>   |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u><br>DUE TO (b) <u>arteriosclerotic Heart Disease</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 days</u><br><u>years</u>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <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. Month, Day, Year   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1-2-61</u> to <u>8/14/61</u> and last saw her alive on <u>8-16-61</u><br>Death occurred at <u>10:40 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Warren P. McCoy MD</u>  |   | 22b. ADDRESS<br><u>Caruthersville Mo</u>  | 22c. DATE SIGNED<br><u>8/30/61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Aug. 20/1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Morgan Ridge Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Caruthersville, Missouri</u>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>H.S. Smith Funeral Home-C'ville, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>9-9-1961</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Jack W Tipton</u>  |

NOV 27 1961

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 W. Deaver Pike

Licensed Embalmer No. 4484

P. O. Address Carruthersville

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.