

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

61-033755
State File No.

FILED OCT 9 1961

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 46

0785

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Pemiscott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carruthersville</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carruthersville</u>		d. STREET ADDRESS (If rural, give location) <u>1513 Davis Ave</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>90 1513 Davis Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bell</u> b. (Middle) <u>P</u> c. (Last) <u>Wason</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21, 1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 14, 1863</u>	9. AGE (In years last birthday) <u>98</u>	IF UNDER 1 YEAR Months Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Wason (Dec'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Silas Hood, Bogota, Tennessee</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>years</u>
			DUE TO (c) <u>Hypertension</u>		<u>years</u>
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-16-1961</u> to <u>9-21, 1961</u> , that I last saw the deceased alive on <u>9-21, 1961</u> , and that death occurred at <u>3:55 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Ray T. Cronan, D.O.</u>			23b. ADDRESS <u>Carruthersville Mo</u>		23c. DATE SIGNED <u>9-25-61</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 23, 1961</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Horn Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>near - Ridgely, Tennessee</u>	
DATE REC'D BY LOCAL REG. <u>9-30-61</u>		REGISTRAR'S SIGNATURE <u>Jack W Tipton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Curry & Son, Dyersburg, Tennessee</u>	

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 _____

Student Embalmer

Signed _____

H. St. White

Licensed Embalmer No. 1629

P. O. Address P.O. Box 218 Overburg
Tennessee

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 this body is not embalmed, fact should be so stated above.