

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002974

AMENDED

REGISTERED JAN 22 1962 Primary Registration District No. 3050 Registrar's No. 1

STATE FILE NUMBER

|  |  |   |   |   |  |  |                 |
|--|--|---|---|---|--|--|-----------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pemiscot</b>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b> |  |  |                 |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Caruthersville,</b>  |  | Length of stay in 1b<br><b>10yrs</b>  |   | c. CITY OR TOWN<br><b>East 12th St</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>310 East 10th</b>   |  |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>310 East 12th</b>  |                 |
| 3. NAME OF DECEASED (Type or print)<br>First <b>John</b> Middle <b>Williams</b> Last <b>Williams</b>   |  |   |   | 4. DATE OF DEATH<br>Month <b>Jan</b> Day <b>12</b> Year <b>1962</b>   |  |  |                 |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>Negro</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 12, 1904</b>              | 9. AGE (last birthday)<br><b>57</b>   | IF UNDER 1 YEAR<br>Months <b>1</b> Days <b>0</b>                   | IF UNDER 24 HR<br>Hours <b></b> Min. <b></b>   |                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Labour</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>      | 11. BIRTHPLACE (City and state or country)<br><b>Unknown</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                 |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>           |   | 14. NAME OF HUSBAND OR WIFE<br><b>none</b>                         |  |                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b></b>                    |   | 17. INFORMANT<br><b>Welfare Record</b><br>Address <b></b>          |  |                 |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Presumed to be natural causes</b>   |  |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |                 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. )<br>DUE TO (b) <b>This man found dead in his home</b>  |  |   |   |   |  |  |                 |
| DUE TO (c) <b></b>   |  |   |   |   |  |  |                 |
| 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?<br>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<br>Hour <b></b> a.m. <b></b> p.m. <b></b>  |  | Month, Day, Year <b>-</b>   |   |   |  |  |                 |
| 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 <b></b>   | STATE <b></b>   |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |   |  |  |                 |
| 22a. SIGNATURE<br><b>Jack W Tipton Registrar</b>   |  |   |   | 22b. ADDRESS<br><b>Caruthersville, Mo.</b>  |  | 22c. DATE SIGNED<br><b>1-14-62</b>   |                 |
| 23a. BURIAL, CREMATION, RE-MOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>Jan-13-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Paul</b> |   | 23d. LOCATION (City, town, or county)<br><b>Caruthersville, Mo</b> |  | (State) <b></b> |
| 24. FUNERAL DIRECTOR<br><b>Noel C. Dean Caruthersville, Mo</b>   |  |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>1-14-62</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Jack W Tipton</b>  |                 |

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

MAY 10 1962

**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 Camden, N.J.

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.