

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-049479

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 239

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 17 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Pemiscot</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti, Missouri</u>		Length of stay in 1b		c. CITY OR TOWN <u>Caruthersville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot Co. Memorial</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>406 East 13th St.</u>	
3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
First Middle Last <u>Danson Avery Emerson</u>		Month Day Year <u>12 17 62</u>		<u>Male</u>	
6. COLOR OR RACE <u>Negro</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-6-62</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) <u>2</u> Months <u>11</u> Days	
11. BIRTHPLACE (City and state or country) <u>Caruthersville, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		IF UNDER 1 YEAR IF UNDER 24 HR	
13a. FATHER'S NAME <u>Rosvelt Agnew</u>		13b. MOTHER'S MAIDEN NAME <u>Gracie Emerson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Miss Gracie Emerson 406 East 13th St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Pneumonia & renal shut down (uremia) + paralytic (toxic) ileus</u>				<u>6 days</u>	
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	
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. 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 <u>12-11-62</u> to <u>12-17-62</u> and last saw him alive on <u>12-16-62</u> Death occurred at <u>1:30 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>D. W. Cook M.D.</u>		(Degree or title)		22b. ADDRESS <u>Caruthersville, Mo</u>	
22c. DATE SIGNED <u>12-20-62</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-19-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mongolia Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Caruthersville, Missouri</u>					
24. FUNERAL DIRECTOR <u>Carters Funeral Home C, Ville, MO</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-10-63</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>					

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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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 Gas. A. Carter

Licensed Embalmer No. 4681

P. O. Address St. Charles Mo

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.