

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029397

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 150

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1963

1. PLACE OF DEATH
 a. COUNTY **Pemiscott**
 b. CITY (If outside corporate limits, give TOWNSHIP only) **Hayti** Length of stay in 1b **3 Wks**
 c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION **Pemiscot Memorial Hospital** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **New Madrid**
 c. CITY OR TOWN **Portageville** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **R.1 Bx 300** Reside on Farm Yes No

3. NAME OF DECEASED First **Ruth** Middle **Treadwell** Last **Treadwell** 4. DATE OF DEATH Month **July** Day **16** Year **1963**
 5. SEX **Female** 6. COLOR OR RACE **Colored** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **2/4/1912** 9. AGE (last birthday) **51** 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 **-- --** 11. BIRTHPLACE (City and state or country) **Weldon Ark.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**
 13a. FATHER'S NAME **Junior Mc. Kinney** 13b. MOTHER'S MAIDEN NAME **Alice Mc. Bride** 14. NAME OF HUSBAND OR WIFE **Eddie Treadwell**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No.** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **[Redacted]** 17. INFORMANT Address **R.1 Bx300 Eddie Treadwell Portageville, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute myocardial infarction**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Coronary artery sclerosis**
 DUE TO (c) **years**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Carcinoma of colon with widespread metastases**
 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 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 **6-23-63** to **7-16-63** and last saw her alive on **7-15-63**
 Death occurred at **7-16-1963 3:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Donald R. John, M.D.** 22b. ADDRESS **204 E. Main St Portageville, Mo.** 22c. DATE SIGNED **7/24/63**
 23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7/21/63** 23c. NAME OF CEMETERY OR CREMATORY **Masonic** 23d. LOCATION (City, town, or county) (State) **Pt. Pleasant, Mo.**
 24. FUNERAL DIRECTOR ADDRESS **Richards Funeral Home, Inc. New Madrid, Mo.** 25. DATE RECD. BY LOCAL REG. **7-25-63** 26. REGISTRAR'S SIGNATURE **Charlotte E. Jones**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300 Rev. 4/59	DATE AMENDED
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20002	
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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 *L. H. Hedges*

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.