

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41930-1**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3050** Registrar's No. **98**

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| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 309 East 14th St (rear) | | d. STREET ADDRESS (If rural, give location) 309 East 14th St. (rear) | |

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|--|-------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Roberta | b. (Middle) _____ | c. (Last) Gill | 4. DATE OF DEATH (Month) (Day) (Year) Dec 6 1949 |
|--|-------------------|-----------------------|---|

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|----------------------|---------------------------------|---|------------------------------|---|---|---|
| 5. SEX Female | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 1898 | 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|---------------------------------|---|------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Oak Grove, Louisiana | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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|-----------------------------------|--|--|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Unknown |
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|---|----------------------------------|---|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. X | 17. INFORMANT'S SIGNATURE OR NAME O. G. Hall | ADDRESS Caruthersville, Mo. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification Malignant Hypertension | | INTERVAL BETWEEN ONSET AND DEATH 7 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. glomerular nephritis | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 331X |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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) _____ |
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| | | |
|---|--|----------------------------------|
| 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 **Nov.**, 19**48**, to **Dec 6**, 19**49**, that I last saw the deceased alive on **Dec 6, 1949**, and that death occurred at **10 pm.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) [Signature] | 23b. ADDRESS Caruthersville, Mo. | 23c. DATE SIGNED Dec 8, 1949 |
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|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec 9, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cem. | 24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri |
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|---|--|---|---|
| DATE REC'D BY LOCAL REG. Dec. 12, 1949 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS H.S. Smith Funeral Home C'ville, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

78

12-49-356

~~XXXXXXXXXX~~

DEC 16 REC'D

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 *William O. Pike*

Licensed Embalmer No. *4484*

P. O. Address *Courthensville 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 this body is not embalmed, fact should be so stated above.