

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13973

5782

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rear 1710 Ward Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rear 1710 Ward Ave.</u>			
3. NAME OF DECEASED a. (First) <u>MATTIE</u> b. (Middle) <u>ANDERSON</u> c. (Last) <u>WARE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Do Not Know</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>	11. BIRTHPLACE (State or foreign country) <u>New Madrid, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Bartlett</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Bartlett - Sikeston, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> DUPLICATE (b) _____ DUPLICATE (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <u>Caruthersville Pemiscot Missouri</u>
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>4-8</u> , 19 <u>50</u> , to <u>4-10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-10</u> , 19 <u>50</u> , and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Cairns</u> (Degree or title)		23b. ADDRESS <u>Caruthersville</u>	23c. DATE SIGNED <u>4/11/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sand Hill Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-12-1950</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Thibodeau</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> ADDRESS <u>Funeral Home C'ville, Mo.</u>

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

4-50-113

APR 15 RE

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 J. Pike*

Licensed Embalmer No. *4484*

P. O. Address *Camtherville, 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.