

C. C. Castles
FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17657

| | | | | | | | |
|---|--|---|---------------------------|--|-------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>270</u> | | PRIMARY REG. DIST. NO. <u>3058</u> | | Registrar's No. <u>40</u> | |
| 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u> | | c. LENGTH OF STAY (In this place) <u>24 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u> | | <u>0787</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2018 E. 13th. Ave.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2018 E. 13th. Ave.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Will</u> (Type or Print) | | | b. (Middle) <u>Ruffin</u> | | c. (Last) <u>Ruffin</u> | | |
| 4. DATE OF DEATH <u>May 12 1950</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>December 1881</u> | | 9. AGE (In years last birthday) <u>68</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Selmer, North Carolina</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>George Ruffin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Fredonia Ruffin</u> | |
| 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'S SIGNATURE OR NAME <u>Fredonia Ruffin</u> ADDRESS <u>Caruthersville, Mo. 2018 E. 13th. Ave.</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>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis (Cerebral)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> |
| 19a. DATE OF OPERATION <u>Jan</u> | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>332X</u> | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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>Aug 1, 1950</u> , to <u>Aug 12, 1950</u> , that I last saw the deceased alive on <u>Aug 8, 1950</u> , and that death occurred at <u>9:01 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>C. C. Castles</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>Caruthersville, Mo.</u> | | 23c. DATE SIGNED <u>5/10/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 16, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>5-15-1950</u> | | REGISTRAR'S SIGNATURE <u>Freddie B. Weeks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> ADDRESS <u>Funeral Home C'ville. Mo.</u> | | | |

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

5-50-142

MAY 23 REC'D
Pemiscot County Health Depart

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 W. Dewey Jike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.