

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Wardell No. 21117
State File No. 21117

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>	
b. CITY (If inside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Little River</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi S.W. Wardell</u>	
3. NAME OF DECEASED a. (First) <u>BELLE</u> b. (Middle) <u>DURHAM</u> c. (Last) <u>DURHAM</u>			4. DATE OF DEATH Month <u>June</u> Day <u>11</u> Year <u>1950</u>
5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb-24-1965</u>
9. AGE (If years last birthday) <u>85</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Montpelier Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harmon Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Blackwell</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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Magnum Johnson Wardell</u> ADDRESS <u>Wardell</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endary anemia</u>			
DUE TO (c) <u>Cardio-Renal Syndrome</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Serivility</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>442X</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>none</u>			
22. I hereby certify that I attended the deceased from <u>April 17</u> , 19 <u>50</u> , to <u>June 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 11</u> , 19 <u>50</u> , and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Guerrero Labb D.O.</u> (Degree or title)		23b. ADDRESS <u>Wardell Mo.</u>	
23c. DATE SIGNED <u>6-13-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-11-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pine Bluff Miss.</u>		24d. LOCATION (City, town, or county) (State) <u>Montpelier Miss. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-23-50</u>		REGISTRAR'S SIGNATURE <u>John H. Gorman</u> 4061	
GENERAL DIRECTOR'S SIGNATURE <u>La Forge</u>		ADDRESS <u>La Forge and Co. Cantonville, Missouri</u>	

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

780
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6-50-166

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HEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE
PHONE 79
CARUTHERSVILLE, MO.

JUN 26 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.

Signed Paul R. Moon

Signed _____
Student Embalmer

Licensed Embalmer No. 4636

P. O. Address Caruthersville

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.