

St. Cook  
FILED DEC 8 1950THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37928

BIRTH NO. _____		REG. DIST. NO. 270		PRIMARY REG. DIST. NO. 3050		Registrar's No. 99	
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. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville		0782	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rear Nelson Store East 18th				d. STREET ADDRESS (If rural, give location) Rear Nelson Store East 18th			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Jane		c. (Last) Ryder		4. DATE OF DEATH (Month) (Day) (Year) Dec 1 1950	
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Unknown	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Caruthersville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Williams		13b. MOTHER'S MAIDEN NAME Malinda		14. NAME OF HUSBAND OR WIFE Joe Ryder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hardenia Rufus Caruthersville, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <del>to</del> Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X				INTERVAL BETWEEN ONSET AND DEATH 10 days 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Caruthersville Pemiscot Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		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 20, 1950, to Dec 1, 1950, that I last saw the deceased alive on Nov 20, 1950, and that death occurred at 8:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. W. Cook M.D.				23b. ADDRESS Caruthersville Mo		23c. DATE SIGNED 12-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/4/50		24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge		24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri	
DATE REC'D BY LOCAL REG. 12-4-1950		REGISTRAR'S SIGNATURE Lucille B. Walker		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith		ADDRESS Caruthersville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

12-50-309

DEC 7 RECD

Teacher, M. D.,  
Scott County Health Department,  
Caruthersville, Missouri

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. Denver Pike*

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.