

No. 300 FILED SEP 19 1951  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29634

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Penicott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville 0782</u>	
c. LENGTH OF STAY (in this place) <u>34 10m</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u> b. (Middle) <u>-</u> c. (Last) <u>ANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12 1951</u>		
5. SEX <u>♀</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W 2</u>	8. DATE OF BIRTH <u>Sept 1884</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>huck</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Orendions</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Boyle</u>		14. NAME OF HUSBAND OR WIFE <u>DK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give major dates of service) <u>DK</u>		16. SOCIAL SECURITY NO. <u>DK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hos Records Fulton Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carb. opoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>chr. myocarditis</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334 X</u>		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)	
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 9-10, 1951 to 9-12, 1951, that I last saw the deceased alive on 9-12, 1951 and that death occurred at 12 noon on the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J Caldwell MD 23b. ADDRESS State Hos Fulton Mo 23c. DATE SIGNED 9-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE Sept 14 1951 24c. NAME OF CEMETERY OR CREMATORY Caruthersville 24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.

DATE REC'D BY LOCAL REG. Sept 15 1951 REGISTRAR'S SIGNATURE Muriel Lawrence 428 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS maureen funeral home, Fulton Mo  
(Licensed Embalmer's Statement on Reverse Side)

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

43  
2

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 17 1951

RECEIVED

**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

*Walter J. Haines, Jr.*

Licensed Embalmer No.

*459*

P. O. Address

*Fulton, Me*

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.