No. 300
10.48

FILED OCT 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34522

State File No. .....
Registrar's No. 91

BIRTH NO. ..... REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050

782

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

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo.
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville, 0782
d. STREET ADDRESS (If rural, give location): 401 Rear 11th St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Leanna
b. (Middle):
c. (Last): Nelson

4. DATE OF DEATH (Month) (Day) (Year): Oct 15 1951

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days: Unknown — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Unknown 9
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: John Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: General Delivery Oscar Lewis 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular
DUE TO (c): Disease — not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 443X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE): Caruthersville Pemiscot Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Oct 12, 1951, *to* Oct 15, 1951, *that I last saw the deceased alive on* Oct 12, 1951, *and that death occurred at* ..... *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. W. Cook M. D. O
23b. ADDRESS: Caruthersville, Mo.
23c. DATE SIGNED: 10-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 20th Oct 1951
24c. NAME OF CEMETERY OR CREMATORY: Pascola Colored cemetery
24d. LOCATION (City, town, or county) (State): N. way Island Pascola Mo.

DATE REC'D BY LOCAL REG.: Oct. 22, 1951
REGISTRAR'S SIGNATURE: Tressie B. Wilks 247
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: L. B. Wood Box 766 Cville Mo

(Licensed Embalmer's Statement on Reverse Side)

10-51-266
Rec. OCT 27 1951

S. B. Beecher, M. D.,
Pemiscot 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 Philip B. Woods

Licensed Embalmer No. 4593

P. O. Address 766 C'ville, 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.