

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38301**

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 97

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 0761</u>		
b. CITY OR TOWN <u>RURAL, LITTLE PRAIRIE</u>		c. LENGTH OF STAY (in this place) <u>33yrs</u>	c. CITY OR TOWN <u>RURAL, LITTLE PRAIRIE</u>		d. STREET ADDRESS (If rural, give location) <u>9mi. S.W. CARUTHERSVILLE</u>
3. NAME OF DECEASED (Type or Print) <u>MARY</u>			a. (First)	b. (Middle)	c. (Last) <u>DOWNING</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-12-1951</u>			5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>APRIL 3, 1870</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR <u>7</u>
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Downing Caruthersville Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>				INTERVAL BETWEEN ONSET AND 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) <u>Senility</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Oct 20, 1951</u> , to <u>Nov-12-1951</u> , that I last saw the deceased alive on <u>11/11</u> 1951, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>L. D. Denton Mo</u>			23b. ADDRESS <u>Hayti Mo 11/16-51</u>		23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-13-51</u>	24c. NAME OF CEMETERY OR-CREMATORY <u>LITTLE PRAIRIE</u>	24d. LOCATION (City, town, or county) (State) <u>CARUTHERSVILLE MO</u>		
DATE REC'D BY LOCAL REG. <u>11-19-1951</u>	REGISTRAR'S SIGNATURE <u>Fessie B. Weeks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>La. Forge Undertaking Co. - Caruthersville Mo</u>			

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

780
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Mo

11-51-294

Rec, NOV 24 1951

S. E. 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 _____

CHARLES E. MUNGER

Student Embalmer No. 423

working under my personal supervision.

Student Charles E. Munger
Student Embalmer

Signed

Noel Dean

Licensed Embalmer No. 3941

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.