

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40379

State File No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Scott</u> <u>1003</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sikeston</u> <u>0</u>	c. LENGTH OF STAY (in this place) (Specify) <u>9 hours-34</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Minors</u> <u>Canalou</u> <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Delta Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>—</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Caruthers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 13 - 1951</u>
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5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>7-25-1949</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Expert</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Canalou, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
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13a. FATHER'S NAME <u>Mose Caruthers</u>	13b. MOTHER'S MAIDEN NAME <u>Louella Gilispie</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mose Caruthers - Canalou, Missouri</u>	ADDRESS <u>—</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, bacterial</u>		3 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pertussis</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from 11-13 1951, to 11-13 1951, that I last saw the deceased alive on 11-13 1951, and that death occurred at 4:19 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. J. Martin</u>	23b. ADDRESS <u>412 Tanner Street - Sikeston, Missouri</u>	23c. DATE SIGNED <u>11-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Xavier Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-16-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Phyllis B. ...</u>	ADDRESS <u>Bozelle ...</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 19 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1151-245

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Not Embalmed

Signed Philip P. Woods

Licensed Embalmer No. 4733

P. O. Address Box 764, Culler, 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.