

O.W. COOK

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **21371**

FILED JUL 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 42

0782  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Caruthersville</b>		c. LENGTH OF STAY (in this place) <b>14 Yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Caruthersville</b>		<b>0782</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Swimming Pool</b>			d. STREET ADDRESS (If rural, give location) <b>1609 Edwards Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frances</b> b. (Middle) <b>Louise</b> c. (Last) <b>Waldron</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>February 8, 1938</b>		9. AGE (In years last birthday) <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School-girl</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grade School</b>	11. BIRTHPLACE (State or foreign country) <b>West Plains, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Clarence Lee Waldron</b>		13b. MOTHER'S MAIDEN NAME <b>Ada Mae Combs</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C.L. Waldron 1609 Edwards Ave. Caruthersville, Mo.</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Drowning</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Swimming pool</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Caruthersville Pemiscot Mo.</b>	21f. HOW DID INJURY OCCUR <b>Drowned</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-25-52 8:30 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <b>6-25, 1952</b> to <b>6-25, 1952</b> , that I last saw the deceased alive on <b>dead 0, 19</b> , and that death occurred at <b>8:30 P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>O.W. Cook</b>			23b. ADDRESS <b>Caruthersville, Mo.</b>		23c. DATE SIGNED <b>6-30-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 27, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>7-1-1952</b>	REGISTRAR'S SIGNATURE <b>Jessie B. Walker</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.S. Smith</b>	ADDRESS <b>Funeral Home 808 Ward Av. Caruthersville, Missouri</b>		

7-52-199  
Rec. JUL 1 1952

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 W. Denver Fike

Licensed Embalmer No. 4434

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.