

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Perisco</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) (If rural, give location) a. STATE <u>MISSOURI</u> b. COUNTY <u>Caruthersville</u>	
b. CITY OR TOWN <u>Hart</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place) <u>7 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>407 E 13th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perisco Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Jefferson</u>	c. (Last) <u>Fossett</u>	4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>13</u> (Year) <u>1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>25 May 1881</u>	9. AGE (in years last birthday) <u>71</u> Months <u>6</u> Days <u>12</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></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>Retired Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (State or foreign country) <u>Ripley, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bob Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Laura - last name unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Jerry Fossett</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Annie Laura Bell</u> ADDRESS <u>1203 Frank St Caruthersville Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>circulatory collapse</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible intestinal obstruction</u> DUE TO (c) <u>Possible malignancy of intestines</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7:00 AM 10/13/52, to 7:00/12, 1952, that I last saw the deceased alive on 10/13, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Warren M. Cox, M.D.</u>	23b. ADDRESS <u>Caruthersville Mo</u>	23c. DATE SIGNED <u>10/13/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>16 Oct 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan's Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>
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DATE REC'D BY LOCAL REG <u>10-18-52</u>	REGISTRAR'S SIGNATURE <u>John H. German</u> ADDRESS <u>406-G</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Philip B. Wood</u> ADDRESS <u>Caruthersville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7810

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10-306-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

OCT 20 1952

OCT 27 1952

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. *None*

working under my personal supervision.

Student *None*
Student Embalmer

Signed *Philip B. Woods*

Licensed Embalmer No. *4833*

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.