No. 300
10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13780

State File No.

FILED MAY 11 1953

BIRTH NO. REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 3417 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hornersville
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.1 Hornersville, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Clay 0350
d. STREET ADDRESS (If rural, give location): Rt. 1 Hornersville, Mo 0

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

4. DATE OF DEATH (Month) (Day) (Year): April 28,1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 12,1878
9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Paris, Tennessee
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: Charlie Yancey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Charlie Yancey, Rt.1 Hornersville

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) Chronic Myocarditis — 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)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture hip

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4-22-53
20. AUTOPSY? YES ☐ NO ☑

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): March 1 53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fall

22. *I hereby certify that I attended the deceased from* June, 1951, *to* April 28, 1953, *that I last saw the deceased alive on* April 24, 1953, *and that death occurred at* 9:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hyme Daniel MD
23b. ADDRESS: Hornersville Mo
23c. DATE SIGNED: 4/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 28 '53
24c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
24d. LOCATION (City, town, or county) (State): Caruthersville, Mo

DATE REC'D BY LOCAL REG.: 5-7-53
REGISTRAR'S SIGNATURE: Bertha Kirschling
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. S. Smith Funeral Home, Caruthersville, Mo.
(Licensed Embalmer) Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALT

DEPARTMENT .....

COUNTY FILE NUMBER 553-

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 Dike

Licensed Embalmer No. 4484

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.