

# STANDARD CERTIFICATE OF DEATH

State File No. ....

JUN 23 1953

REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 99

1. PLACE OF DEATH

a. COUNTY PEMISCOT

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROYAL BOGARD

c. LENGTH OF STAY (in this place) 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mi. S.W. PORTAGEVILLE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI b. COUNTY MISSISSIPPI

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST PRAIRIE, MISSOURI

d. STREET ADDRESS UNIVERSITY AVENUE 0780

3. NAME OF DECEASED (Type or Print)

a. (First) ELLEN b. (Middle) CAYTON c. (Last) CAYTON

4. DATE OF DEATH (Month) (Day) (Year) June 7 1953

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH OCT. 23, 1881 9. AGE (Last birthday) (Months) (Days) (Hours) (Min.) 71 7 1951

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and State or Foreign Country) LEXINGTON, KENTUCKY 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 DEAD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. — 17. INFORMANT'S SIGNATURE OR NAME R#1 ADDRESS Rubelle Bell BERTRAND, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) no foul play - pt

DUE TO (c) was on a visit and died

II. OTHER SIGNIFICANT CONDITIONS\* (Conditions contributing to the death but not related to the disease or condition causing death.) suddenly 5 medical attention

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 7955 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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Beecher, M.D. 23b. ADDRESS Caruthersville, MO 23c. DATE SIGNED 6-12-53

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL 24b. DATE 6/19/53 24c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE, MO 24d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MO.

DATE REC'D BY LOCAL REG. 6-18-53 REGISTRAR'S SIGNATURE John H. ... 406 FUNERAL DIRECTOR'S SIGNATURE La Forge Undertaking Co. ADDRESS Caruthersville, MO

(Licensed Embalmer's Statement on Reverse Side)

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

780

6-208-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUN 20 1953

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 Charles E. Mungle

Licensed Embalmer No. 4877

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.