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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22376

State File No. \_\_\_\_\_

FILED JUN 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>4402</u>		Registrar's No. <u>20</u>		
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>		c. LENGTH OF STAY (In this place) <u>4 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		d. STREET ADDRESS <u>109 West Third Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>757 So. Walnut Street</u>				d. STREET ADDRESS <u>109 West Third Street</u>				
3. NAME OF DECEASED a. (First) <u>Anna</u> (Type or Print)			b. (Middle) <u>Mae</u>		c. (Last) <u>Turner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 6th. 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 27, 1884</u>		9. AGE (In years) # months if under 18. # days if under 1 mo. # hours if under 24 hrs. <u>69</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ridgely, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Ring</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Baugh</u>			14. NAME OF HUSBAND OR WIFE <u>X</u>		
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 AND ADDRESS <u>Mrs. Madge Frame Steele, No. 757 So. Walnut St.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gall. Bladder</u> 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>155x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>Steele Pemiscot Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb 15, 1953</u> , to <u>6-6, 1953</u> , that I last saw the deceased alive on <u>6-6, 1953</u> , and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. Chapman M.D.</u>				23b. ADDRESS <u>Steele Mo.</u>		23c. DATE SIGNED <u>6-10-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-13-53</u>		REGISTRAR'S SIGNATURE <u>R. Chapman</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H.S. Smith Funeral Home C'ville. Mo.</u>				

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

6-204-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUN 16 1953

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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 Pike*

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.