

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36704**

FILED **OCT 26 1953**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3050** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY <b>Demarcat</b>		2. USUAL RESIDENCE (Where deceased lived, or if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Demarcat</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Caruthersville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Caruthersville 0782</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>404 East 8th 0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address of location)			

3. NAME OF DECEASED a. (First) <b>Leola</b> b. (Middle) <b>Rabson</b> c. (Last)			4. DATE OF DEATH <b>9-29-53</b>	
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5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7-14-1875</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>15</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) <b>House Work</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Dyersburg Tenn</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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12a. FATHER'S NAME <b>John Danell</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Pierce</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Nara Castek C. Killen</b>	ADDRESS <b>Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of uterus</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X H</b>	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 **9-1**, 1953, to **9-29**, 1953, that I last saw the deceased alive on **9-29**, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C W McKaskle M.D.</b>	23b. ADDRESS <b>Caruthersville, Mo.</b>	23c. DATE SIGNED <b>10-14-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-1-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>	24d. LOCATION (City, town, or county) (State) <b>Steele Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct 17, 1953</b>	REGISTRAR'S SIGNATURE <b>Jessie B. Welch</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel Smith Co. Steele Mo</b>	ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

10-330-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 70  
CARUTHERSVILLE, MO.

OCT 23 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*John H. German*

Licensed Embalmer No. *4350*

P. O. Address *Hayti, 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.