

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36720

State File No.

FILED OCT 30 1953

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 109

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

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ark. b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gobler, Mo.		c. LENGTH OF STAY (in this place) 19. Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gobler, Mo. Rural		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bassett, Ark.	
d. STREET ADDRESS (If rural, give location) (Care: J. J. VENTURA)		8	
3. NAME OF DECEASED (Type or Print) a. (First) Lula		b. (Middle) Dorsey	
c. (Last) Dorsey		4. DATE OF DEATH (Month) (Day) (Year) 10 15 53	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dont Know
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Savage, Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME D.K.	13b. MOTHER'S MAIDEN NAME D.K.	14. NAME OF HUSBAND OR WIFE Murphy, Dorsey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.M. Mc Nairy, Gobler, Mo. Box 451	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died without medical attention	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	7955
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John H. Herman		23b. ADDRESS Blayt No.	23c. DATE SIGNED 10-22-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10.16.1953	24c. NAME OF CEMETERY OR CREMATORY Gobler, Cemetery	24d. LOCATION (City, town, or county) (State) Gobler, Mo.
DATE REC'D BY LOCAL REG. 10-24-53	REGISTRAR'S SIGNATURE John H. Herman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS West Memphis, Funeral home	

(Licensed Embalmer's Statement on Reverse Side) West Memphis, Ark.

10-339-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

OCT 28 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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.