No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9545

State File No. .....

BIRTH NO. FILED MAR 16 1954 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville,
c. LENGTH OF STAY (in this place): 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 E. 13th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville, .0782 0
d. STREET ADDRESS (If rural, give location): 411 E. 13th St.

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

4. DATE OF DEATH (Month) (Day) (Year): March 5 54

5. SEX: Fe 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 17 Mar 1901
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 11, Days 18 — IF UNDER 24 HRS.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Canfield, Arkansas 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME: Ida Howard
14. NAME OF HUSBAND OR WIFE: C. C. Deere

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ida Mae Pearson, 411 E. 13th St. C'ville, Mo. — ADDRESS

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — unknown
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: 4201.
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) m.
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* 17 Aug, 1953, *to* 5 Mar, 1954, *that I last saw the deceased alive on* 5 Mar, 1954, *and that death occurred at* 5:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. Wilcoxon MD
23b. ADDRESS: Caruthersville, Mo
23c. DATE SIGNED: 8 Mar 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10th Mar 54
24c. NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
24d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

DATE REC'D BY LOCAL REG.: March 8, 1954
REGISTRAR'S SIGNATURE: Tessie B. Wilks 247
25. FUNERAL DIRECTOR'S SIGNATURE: P. B. Woods — ADDRESS: C'ville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

3-53-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 73
CARUTHERSVILLE, MO.

MAR 13 1954

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 None, Student Embalmer No. None working under my personal supervision.

Student None
Student Embalmer

Signed P. B. Woods
P. B. Woods
Licensed Embalmer No. 4833

P. O. Address Caruthersville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.