

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12859**
Registrar's No. **32**

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

BIRTH NO. _____ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **5969**

1. PLACE OF DEATH a. COUNTY Pemscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemscot	
b. CITY OR TOWN Primal Little Prairie		c. CITY OR TOWN Primal Little Prairie 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 mile East of Bessard, Mo 3 1/2 mile East of Bessard, Mo		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) BERTHA		4. DATE OF DEATH (Month) April (Day) 11 (Year) 1954	
5. SEX F	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29, 1903
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) Philadelphia, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME Fannie Edwards		14. NAME OF HUSBAND OR WIFE	
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 John Dudley R#1 Hayti, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic Ca to lung		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Ca of Rt. Breast		16 mos	
DUE TO (c) 170 X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary hemorrhage due		3 days	
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION to Ca - moderate		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, place bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carmthersville, Pemscot, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 12-20-1952 to 4-11-1954 , that I last saw the deceased alive on 4-10-54 , 1954, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE J. W. Cook, M.D. (Degree or title)		23b. ADDRESS Carmthersville, Mo.	23c. DATE SIGNED 4-14-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/15/54	24c. NAME OF CEMETERY OR CREMATORY MORGAN RIDGE	24d. LOCATION (City, town, or county) (State) Carmthersville, Mo.
DATE REC'D BY LOCAL REG. 4-19-1954	REGISTRAR'S SIGNATURE Jessie B. Wilkins	25. FUNERAL DIRECTOR'S SIGNATURE Lejorge and Co Carmthersville ADDRESS Mo	

4-86-54
PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

APR 24 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 _____

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.