

DI. 14900
FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12867
Registrar's No. 65

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayts Rural</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8060 Grand ave</u>	
3. NAME OF DECEASED a. (First) <u>ANNIE</u> b. (Middle) _____ c. (Last) <u>DOLLOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-20-1954</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec-13-1875</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Concordia Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm. Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ferguson</u>	14. NAME OF HUSBAND, OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, specify or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Roberta Pollock</u> ADDRESS <u>Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3-17-54</u> ANTECEDENT CAUSES Morbidity 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>331x</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>Caruthersville Polk Mo.</u>	
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 <u>3-17-1954</u> to <u>3-20-1954</u> , that I last saw the deceased alive on <u>3-20-1954</u> , and that death occurred at <u>6</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Caruthersville, Mo.</u>	23c. DATE SIGNED <u>3-26-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>
DATE REC'D BY LOCAL REG. <u>4-7-54</u>	REGISTRAR'S SIGNATURE <u>John W. Gorman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co. Caruthersville</u> ADDRESS <u>Mo.</u>

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

(Licensed Embalmers' Statement on Reverse Side)

4.63.54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

APR 6 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. Mump

Licensed Embalmer No. 4897

P. O. Address Caruthersville

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.