

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34794**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3050** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY <b>Remick</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Miss</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cane Grove</b>		c. CITY OR TOWN _____	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 hrs</b>		e. STREET ADDRESS (If rural, give location) <b>Rural Blueville 80808</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>311 E. 12th St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>None</b> c. (Last) <b>Priest</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEP 12 54</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>negre</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>49</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	13a. FATHER'S NAME <b>Walter Priest</b>	13b. MOTHER'S MAIDEN NAME <b>Virginia Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Priest</b>
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. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Emma Priest 311 E. 12th St. Cville Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>No Medical Attention</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Probably Coronary Occlusion</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 <b>4201</b>	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)	
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) <b>John H. German Coroner 3</b>		23b. ADDRESS <b>Hasty Mo.</b>	23c. DATE SIGNED <b>9-13-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Sept 13 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>No 9</b>	24d. LOCATION (City, town, or county) (State) <b>Mississippi Co Arkansas</b>
DATE REC'D BY LOCAL REG. <b>Nov 19 1954</b>	REGISTRAR'S SIGNATURE <b>Fressie B. Wilcox 247-11</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>E. Bonrad Cville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

11-257-54

PEMISCOT COUNTY HEALTH DEPARTMENT,  
COURTHOUSE PHONE 78  
CARUTHERSVILLE, MO.

NOV 4 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed P. B. Woods

Licensed Embalmer No. 4833

P. O. Address Cville 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.