No. 300
10.48

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41872

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 6

0782 1

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): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wilks Alley

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
d. STREET ADDRESS (If rural, give location): Wilks 0

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

4. DATE OF DEATH (Month) (Day) (Year): Dec 14 54

5. SEX: Female 3
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: 14 June 1886
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 6, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and State or Foreign Country): Greenville Miss /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sam Robinson
13b. MOTHER'S MAIDEN NAME: Tina (Unknown)
14. NAME OF HUSBAND OR WIFE: (Unknown)

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: Verline Hollins
ADDRESS: Hayti, mo.

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): PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

ANTECEDENT CAUSES
Morbid 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: 493X
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* 12/2, 1954, *to* 12/14, 1954, *that I last saw the deceased alive on* 12/14, 1954, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Warren R. McCoy M.D. (Degree or title)
23b. ADDRESS: Caruthersville Mo
23c. DATE SIGNED: 12/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 19 Dec '54
24c. NAME OF CEMETERY OR CREMATORY: Morgans Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Caruthers, Missouri

DATE REC'D BY LOCAL REG.: 12-24-54
REGISTRAR'S SIGNATURE: Jessie B. Welch
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

1-4-55

PEMISCOT COUNTY HEALTH DEPART.
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 7 1955

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. None, working under my personal supervision.

Student None
Student Embalmer

Signed L. B. Moore

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 with the above constitutes grounds for revocation of license.)

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