

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1951

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 909 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Peru</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Peru</u>		
b. CITY (If outside corporate limits, give RURAL township) <u>Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u>	c. CITY (If outside corporate limits, give RURAL and give township) <u>Rural, Little Prairie Twp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's 210 Caruthersville</u>			d. STREET ADDRESS (If rural, give location) <u>Edge of City 0780</u>		
3. NAME OF DECEASED (Type or Print) <u>FLORENCE</u>		a. (First)	b. (Middle)	c. (Last) <u>DINNELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 7 - 1955</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May - 24 - 1861</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State Foreign Country) <u>Carroll, Ill</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Dinneil Caruthersville</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>years.</u>
19a. DATE OF OPERATION <u>2-30</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>11/1</u> , 19 <u>54</u> , to <u>1/7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/7</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Warren L. McCoy M.D.</u>		23b. ADDRESS <u>Caruthersville, Mo</u>		23c. DATE SIGNED <u>1/12/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-9-55</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>1-14-1955</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Wilkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>La Forge Mch Co. Caruthersville Mo</u>		

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

0780

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1-24-55

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 14 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 _____

LYMAN R. CUNNINGHAM

Student Embalmer No. 503

working under my personal supervision.

Student Lyman R. Cunningham
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.