

FILED MAR 14 1955

STANDARD CERTIFICATE OF DEATH

5734

State File No.

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt I, Caruthersville
c. LENGTH OF STAY (in this place) 6 mos
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pemiscot
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt I, Caruthersville, 0780
d. STREET ADDRESS (If rural, give location) Same as above

3. NAME OF DECEASED (Type or Print)
a. (First) Alberta b. (Middle) _____ c. (Last) Williams
4. DATE OF DEATH (Month) (Day) (Year) Feb 26 55

5. SEX Fe 2 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 22 May 1934 9. AGE (In years last birthday): Months 19 Days 7 Hours 4 Min. _____

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

13a. FATHER'S NAME Harden 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Joe Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Joe Williams, Rt I, Caruthersville 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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Postpartum Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 hours
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prolonged Labor - uterine atony
DUE TO (c) (Home Delivery by midwife)
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 _____ 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) 6726

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 26 Feb 1955, to 26 Feb 1955, that I last saw the deceased alive on 26 Feb 1955, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. W. Locke M.D. (Degree or title) 23b. ADDRESS Caruthersville, Mo 23c. DATE SIGNED Mar 1, 1955

24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____ 24b. DATE 3d Mar 55 24c. NAME OF CEMETERY OR CREMATORY Osceola Colored Cemetery Osceola, Ark 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG March 3, 1955 REGISTRAR'S SIGNATURE Jessie B. Wilcox 1247 25. FUNERAL DIRECTOR'S SIGNATURE R. B. Brooks ADDRESS _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
b17m 4430-55
of child

3-6-55

MAR 10 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 P. B. Brown

Licensed Embalmer No. 4835

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.