

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21142

BIRTH NO. 16031-55 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville		c. LENGTH OF STAY (In this place) 6m 12 d	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1509 Vest Ave		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville	
3. NAME OF DECEASED (Type or Print) Cynthia		d. STREET ADDRESS (If rural, give location) 1509 Vest Ave	
a. (First) Cynthia		b. (Middle) Tyus	
c. (Last) Tyus		4. DATE OF DEATH (Month) (Day) (Year) Sep 12 55	
5. SEX 3 Fe		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 23 March 55	
Never married		9. AGE, (In years, if under 1 year last birthday) Months Days Hours Min. 6 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Pemiscot Memorial Hosp.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clarence Tyus		13b. MOTHER'S MAIDEN NAME Eddie Lee Brown	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME Clarence Tyus ADDRESS Caruthersville	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe mucous Colitis INTERVAL BETWEEN ONSET AND DEATH 8 days 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 5731	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 3 Sept, 1955, to 5 Sept, 1955, that I last saw the deceased alive on 5 Sept, 1955, and that death occurred at 4 p. m., from the causes and on the date stated above.			
23a. SIGNATURE F. L. ...		23b. ADDRESS Caruthersville, Mo	
23c. DATE SIGNED 6 Sept 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8th Sep 55	
24c. NAME OF CEMETERY OR CREMATORY St Pauls Cemetery		24d. LOCATION (City, town, or county) (State) Caruthersville Mo.	
DATE REC'D BY LOCAL REG. Sept 7, 1955		REGISTRAR'S SIGNATURE Tessie B. Walker	
25. FUNERAL DIRECTOR'S SIGNATURE P. B. ...		ADDRESS Caruthersville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

9-253-55

SEP 8 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURT HOUSE 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. _____

working under my personal supervision.

Student
Student Embalmer

Signed P. A. Woods

Licensed Embalmer No. 4833

P. O. Address Caruthersville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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