S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 11 1957

State File No. 5687

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 34

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): 39 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 E. 5th. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Caruthersville 0782
d. Is Residence within limits of city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 210 E. 5th. Street

3. NAME OF DECEASED (Type or Print): a. (First) Pauline b. (Middle) Meadows c. (Last) Goodwin

4. DATE OF DEATH (Month) (Day) (Year): March 3 1957

5. SEX: Female
6. COLOR OR RACE: White 1
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 13, 1899
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper-Hotel
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (City, and State or Foreign Country): Dresden, Tennessee 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles P. Meadows
13b. MOTHER'S MAIDEN NAME: Leila W. McMurry
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Doris Downing — ADDRESS: 210 E. 5th. Street Caruthersville 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) Carcinoma of bowel. — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES — c̄ Metastase to brain.

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: 153X
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* Sept, 1952, *to* Mar 3, 1957, *that I last saw the deceased alive on* Mar 3, 1957, *and that death occurred at* 3:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Carr MD
23b. ADDRESS: Caruthersville Mo
23c. DATE SIGNED: 3/6/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 5, 1957
24c. NAME OF CEMETERY OR CREMATORY: Memphis Memorial Pk.
24d. LOCATION (City, town, or county) (State): Memphis, Tennessee

DATE REC'D BY LOCAL REG.: 3-7-1957
REGISTRAR'S SIGNATURE: Tressie B. Walker
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.S.Smith Funeral Home C8ville .Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

247
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3-65-57

MAR 8 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 20 1957

APR 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Glover Dike

Licensed Embalmer No. 4484

P. O. Address Caruthersville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.