ot. Health,
, & Welfare
S. Public
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FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36818
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 182

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hayti — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pemiscot County Memorial Hosp. — Length of stay in 1b: 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Caruthersville — Inside Limits Yes ☐ X No ☐
d. STREET ADDRESS (If outside, give location): 503 Cotton Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Daphon Middle: Huckaba Last: Scott
4. DATE OF DEATH Month Day Year: October 14, 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
8. DATE OF BIRTH: Sept. 27, 1910
9. AGE (In years last birthday): 47
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): Book-keeper
10b. KIND OF BUSINESS OR INDUSTRY: Building Mater.
11. BIRTHPLACE (City and state or country): Braggadocio, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Sylvester Huckleba
14. MOTHER'S MAIDEN NAME: Ida Phillips
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.: 290-01-3282
17. INFORMANT Address: Leon Scott, 503 Cotton Ave. Caruthersville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 1/2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 330X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Had preceding attack in June '57
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): none
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year:
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
20f. CITY, TOWN, OR LOCATION COUNTY STATE:
21. I attended the deceased from Oct 14, 1957 to Oct 14, 1957 and last saw her him alive on Oct. 14, 1957
Death occurred at 4:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: O. W. Cook M.D. (Degree or title)
22b. ADDRESS: Caruthersville, Mo.
22c. DATE SIGNED: 10-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 18, '57
23c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
23d. LOCATION (City, town, or county) (State): Caruthersville, Missouri
24. FUNERAL DIRECTOR ADDRESS: H.S, Smith Funeral Home C'ville. Mo.
25. DATE RECD. BY LOCAL REG.: 10-25-57
26. REGISTRAR'S SIGNATURE: John W Herman

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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10-314-57

OCT 31 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 12 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersv
misso

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