

FILED DEC 11 1957

STANDARD CERTIFICATE OF DEATH

41543
STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Pemiscot b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Little Prairie c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1 Caruthersville		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot c. CITY OR TOWN Caruthersville d. STREET ADDRESS (If outside, give location) Route 1	
3. NAME OF DECEASED (Type or print) Ellen First Middle Last		4. DATE OF DEATH November 15, 57 Month Day Year	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2, 1861
9. AGE (In years last birthday) 96		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-farm Labor Home	
11. BIRTHPLACE (City and state or country) Caruthersville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joe Stokes		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT William Jones, Rt. 1		Address Caruthersville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Arterio sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH Sudden Wear glasses
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 15 57 to Nov 15 57 and last saw her alive on Nov 15, 1957 Death occurred at 3:40A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. C. Carr (Degree or title)		22b. ADDRESS Caruthersville	
22c. DATE SIGNED 11/26/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 18, 1957	23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
24. FUNERAL DIRECTOR H.S. Smith Funeral Home U'ville, Mo.		25. DATE RECD. BY LOCAL REG. Nov 30, 1957	
		26. REGISTRAR'S SIGNATURE Freddie B. Wilke	

12-364-57

DEC 9 - 1957

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. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W. Oliver Pike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville
Missouri*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.