Health, Welfare Public Service

300
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FILED JAN 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

783

STATE FILE NUMBER

Registration District No. 102 Primary Registration District No. 5416 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cardwell — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home — Length of stay in Ib:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Cardwell — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Clara Middle: Moore Last: Duff

4. DATE OF DEATH Month Day Year: January 13, 1958

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Feb. 11, 1879

9. AGE (In years last birthday): 78 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Powhaton, Arkansas

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Watson

13b. MOTHER'S MAIDEN NAME: Mollie

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT Address: Mrs. Noah Howard, Paragould, Ark.

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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 Nov 56, to Jan 58 and last saw her/him alive on 13 Jan 58.
Death occurred at 8:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): MR Liva for DMD

22b. ADDRESS: Cardwell Mo.

22c. DATE SIGNED: 16 Jan 58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 1-15-58

23c. NAME OF CEMETERY OR CREMATORY: Shiloh

23d. LOCATION (City, town, or county) (State): Paragould, Arkansas

24. FUNERAL DIRECTOR ADDRESS: Mitchell Funeral Home, Paragould, Arkansas

25. DATE RECD. BY LOCAL REG.: 1-18-1958

26. REGISTRAR'S SIGNATURE: Edna Gallmark

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY

DEPARTMENT 1-20-

COUNTY FILE NUMBER 15

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 Richard M. Mitchell

Licensed Embalmer No. 703

P. O. Address Paragould

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.