

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045086

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 267

Primary Registration District No. 5900

Registrar's No. 241

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, give TOWNSHIP only) OR TOWN Braggadocio		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Braggadocio		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Braggadocio		Length of stay in lb 61 Years	d. STREET ADDRESS (If outside, give location) Braggadocio		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lillian Hainie Curtner			4. DATE OF DEATH Month Day Year November 28, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29, 1877		9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days 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 Home	11. BIRTHPLACE (City and state or country) Braggadocio		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel White		13b. MOTHER'S MAIDEN NAME Mollie Long		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Joe Parks - Braggadocio, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infarction Myocardium</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Arteriosclerosis</u> 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 2 WKS. 5 1/2 1 1/2
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from: <u>Nov 18, 58</u> to <u>Nov 28</u> - and last saw her alive on <u>Nov 28 1958</u> Death occurred at <u>12 NOON</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Lillian M. Caruthersville, Mo.</u> (Degree or title)			22b. ADDRESS <u>Caruthersville, Mo.</u>		22c. DATE SIGNED <u>12/3/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 30, 1958	23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cem.		23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
24. FUNERAL DIRECTOR H.S. Smith Funeral Home - C'ville.			25. DATE RECD. BY LOCAL REG. No. 12658	26. REGISTRAR'S SIGNATURE <u>John W. Berner</u>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. All diseases in Part II must be causally related. All diseases in Part I must be causally related. All diseases in Part II must be causally related.

USE ONLY BLACK INK OR RIBBON. TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

DEC 12 1958

CARUTHERSVILLE MO

NOV 3 1958

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. Dewey Jike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, Mo*

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.