

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005017  
STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 37

300  
-57

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> |  |
| b. CITY (If outside corporate limits, give ZIP only)<br>OR TOWN <u>Walcumb Mo Rt 1</u>                        |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN <u>Walcumb. 0350</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                         |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Logan Co Memorial Hospital</u> |  | Length of stay in lb <u>4 Days</u>  | d. STREET ADDRESS (If outside, give location) <u>Rt # 1</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|   |                                  |   |   |  |                                |                                |
|---|----------------------------------|---|---|--|--------------------------------|--------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>BEULAH - CARTWRIGHT</u>                                  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>2 - 10 - 1959</u>              |  |                                |                                |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2/21/1876</u>                                    | 9. AGE (In years last birthday)<br><u>82</u> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Housewife</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Williamson Co. Ill</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u> |                                |                                |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><u>Andrew F. Trout</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mrs. Brucilla Pedigo</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u> |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>No</u>                     | 17. INFORMANT<br>Address<br><u>U.H. Kinder Kennett Mo Rt # 3</u> |  |  |

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|--|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 mo</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>arteriosclerotic heart disease</u> |  |  |
|  | DUE TO (c) _____                                 |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>4200</u>               |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 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.)<br><u>4200</u> |  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |  |  |   |  |  |

|  |  |  |                              |        |       |
|--|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT <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 <u>1955</u> to <u>2-10-59</u> and last saw her alive on <u>2-10-59</u><br>Death occurred at <u>3:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |                              |        |       |

|   |  |                                     |                                     |
|---|--|-------------------------------------|-------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Chester R. Peck M.D.</u> |  | 22b. ADDRESS<br><u>Kennett, Mo.</u> | 22c. DATE SIGNED<br><u>2-17-59.</u> |
|---|--|-------------------------------------|-------------------------------------|

|   |           |  |  |
|---|-----------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>2/12/1959</u> | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Ridge</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Kennett Mo</u> |
|---|-----------|--|--|

|  |  |         |  |  |
|--|--|---------|--|--|
| 24. FUNERAL DIRECTOR<br><u>Ernest &amp; Sons Funeral Home Jonesboro, Ark</u> |  | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><u>2-18-1959</u> | 26. REGISTRAR'S SIGNATURE<br><u>Paul Husband</u> |
|--|--|---------|--|--|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

COUNTY FILE NUMBER 259-54

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. T. Esmeron* .....

Licensed Embalmer No. *342* .....

P. O. Address *of ...* .....

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.