

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JAN - 4 1960

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STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 80

MENDED

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Pemiscot</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville, Mo.</u>		Length of stay in 1b <u>25 yrs.</u>		c. CITY OR TOWN <u>Caruthersville</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Monans Alley</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Williams</u> Last <u>Williams</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>9</u> Year <u>1959</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Unknown</u>	9. AGE (last birthday) <u>About 78</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Elzie Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Elzie Williams Caruthersville, Mo.</u>				
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>Cerebral accident</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive C.V. disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>			
DUE TO (c) <u></u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <u></u> a.m. <u></u> Month, Day, Year <u></u>									
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 <u>11-30-59</u> to <u>12-9-59</u> and last saw <sup>her</sup> him alive on <u>12-3-59</u> Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) <u>O. W. Cook M.D.</u>				22b. ADDRESS <u>Caruthersville, Mo</u>			22c. DATE SIGNED <u>12-14-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-9-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cem.</u>		23d. LOCATION (City, town, or county) <u>Caruthersville, Missouri</u>		(State)		
24. FUNERAL DIRECTOR ADDRESS <u>LaForge Undertkg. Co. C'ville, mo</u>				25. DATE RECD. BY LOCAL REG. <u>12-19-1959</u>		26. REGISTRAR'S SIGNATURE <u>Jessie B. Weeks</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

*not*  
*1*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Noel Deau

Licensed Embalmer No. 394

P. O. Address Caruthers

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.