

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 13 1961

-60-046997

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 1

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>New Madrid</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Length of stay in 1b		c. CITY OR TOWN <u>Marston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot County Memorial</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Works</u> Last <u>Works</u>				4. DATE OF DEATH Month <u>12</u> Day <u>20</u> Year <u>1960</u>															
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</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>1/7/1898</u>		9. AGE (last birthday) <u>62</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)				10b. KIND OF BUSINESS OR INDUSTRY <u>Disabled</u>		11. BIRTHPLACE (City and state or country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>											
13a. FATHER'S NAME <u>John R. Works</u>				13b. MOTHER'S MAIDEN NAME <u>Lilly Lumpkin</u>				14. NAME OF HUSBAND OR WIFE <u>Lecie Works</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY NO. <u>498-18-1898</u>		17. INFORMANT <u>Lecie Works, Marston, Mo.</u> 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>Chronic Congestive Heart Failure</u> DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u> DUE TO (c) <u>        </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u> <u>years</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 checked="" 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> Month, Day, Year <u>        </u> 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 <u>December 1, 1960</u> to <u>December 20, 1960</u> and last saw her/him alive on <u>December 20, 1960</u> Death occurred at <u>12:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <u>J. Grabe, M.D.</u> (Degree or title)						22b. ADDRESS <u>Portageville, Mo.</u>				22c. DATE SIGNED <u>12/30/60</u> (State)									
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12/22/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mounds Cemetery</u>				23d. LOCATION (City, town, or county) <u>Lilbourn, Mo.</u> (State)											
24. FUNERAL DIRECTOR <u>Albritton Funeral Home, Sikeston, Mo.</u> ADDRESS					25. DATE RECD. BY LOCAL REG. <u>1-3-61</u>			26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>											

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF TEXAS  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH SERVICES  
EMBALMERS' BOARD

**STATEMENT BY LICENSED EMBALMER**

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Beattie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.