

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039653

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 67

FILED OCT 29 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

| | | | |
|---|---|---|--|
| 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 Hayti | | Length of stay in 1b Enroute | c. CITY OR TOWN Caruthersville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pem. County Mem. Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1406 Shults Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Minnie Middle Dycus Last Stinson | | 4. DATE OF DEATH Month October Day 13 Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/20/95 |
| 9. AGE (last birthday) 66 Yrs. | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR 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) Dyer County, Tenne. |
| 12. CITIZEN OF WHAT COUNTRY U/S/A | | 13a. FATHER'S NAME James Harvey Dycus | |
| 13b. MOTHER'S MAIDEN NAME Madie Cummings | | 14. NAME OF HUSBAND OR WIFE X | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. X | 17. INFORMANT Mrs. George Watkins-Caruthersville Address 207 E.18th. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY inclusion | | | INTERVAL BETWEEN ONSET AND DEATH 1 hour |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic Heart Disease | | | years? |
| DUE TO (c) | | | |
| 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 _____ a.m. _____ p.m. | Month, Day, Year 10-13-62 | | |
| 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 Caruthersville, Missouri | COUNTY _____ STATE _____ |
| 21. I attended the deceased from 10-13-62 and last saw her alive on 10-13-62 Death occurred at 3:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Walter L. McCoy M.D.</i> (Degree or title) MD | | 22b. ADDRESS Box 201, Caruthersville | 22c. DATE SIGNED 10-17-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 15, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery | 23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri |
| 24. FUNERAL DIRECTOR H.S. Smith F. Home-Caruthersville, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-17-62 | 26. REGISTRAR'S SIGNATURE <i>Jack W. Tipton</i> |

USE BLACK INK OR TYPEWRITER RIBBON

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. D. Dwyer Fike

Licensed Embalmer No. 4484

P. O. Address Carethersville, 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.