

FILED JUN 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17664

5906
7596

Registrar's No. 70

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. _____

| | | | |
|---|--|--|--|
| 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> b. COUNTY <u>Pemiscot</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Wardell Rural</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wardell</u> | |
| c. LENGTH OF STAY (In this place) <u>5 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u> | | | |

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|-------------------------------------|-----------------------|-------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>PEN</u> | b. (Middle) | c. (Last) <u>BODY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1950</u> |
|-------------------------------------|-----------------------|-------------|-----------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 15, 1894</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

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|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>X</u> | 11. BIRTHPLACE (State or foreign country) <u>Mississippi</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>Mary Body R. 1 Wardell, Mo</u> |
|-----------------------------------|--|---|

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|--|----------------------------------|--|---------------|
| 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>X</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Body R. 1 Wardell, Mo.</u> | ADDRESS _____ |
|--|----------------------------------|--|---------------|

| | | | |
|---|--|-------------|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>260X</u> | |

| | | |
|--|--|--|
| 19a. DATE OF OPERATION <u>now none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>now none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--|--|--|

| | | |
|---|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>name</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>name</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>name</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>name</u> | 21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> WHILE AT HOME? <input type="checkbox"/> AT WORK? <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>name</u> |

22. I hereby certify that I attended the deceased from 5-5, 1950 to 5-17, 1950, that I last saw the deceased alive on 5-16, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

| | | |
|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Jimmy W Osburn</u> | 23b. ADDRESS <u>Wardell, Mo</u> | 23c. DATE SIGNED <u>5-19-50</u> |
|--|---------------------------------|---------------------------------|

| | | | |
|--|--------------------------|---|---|
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-21-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Wardell</u> | 24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u> |
|--|--------------------------|---|---|

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|---|--|-----|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>5-26-50</u> | REGISTRAR'S SIGNATURE <u>John W German</u> | 406 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jimmy Osburn</u> | ADDRESS <u>Wardell, Mo.</u> |
|---|--|-----|--|-----------------------------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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5-50-153

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DEC 10 1953

Pemiscot County Health Department

MAY 29 REC'D

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
Student Embalmer

Signed.....

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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 this body is not embalmed, fact should be so stated above.