No. 300
10-48

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37931

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 5908 Registrar's No. 31

780

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hermondale rural
c. LENGTH OF STAY (in this place) 3 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hermondale 0780
d. STREET ADDRESS (If rural, give location) 10

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Avance

4. DATE OF DEATH (Month) (Day) (Year) 11-27-50

5. SEX M F
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 9-15-50
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 3 Days 12 IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Hermondale Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Will Avance
13b. MOTHER'S MAIDEN NAME Dora Lochridge
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Will Avance ADDRESS Hermondale Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spina Bifida — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) " "
DUE TO (c) " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 751X

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION no —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no
21c. (CITY, TOWN, OR TOWNSHIP) Hermondale (COUNTY) (STATE) Mo —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/15, 1950, to 11/30, 1950, that I last saw the deceased alive on Nov 30, 1950, and that death occurred at a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [illegible] 10
23b. ADDRESS Blythe Ville Ark
23c. DATE SIGNED 11/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-27-50
24c. NAME OF CEMETERY OR CREMATORY Oak Grove
24d. LOCATION (City, town, or county) (State) Near Holland Mo

DATE REC'D BY LOCAL REG. 12-4-50
REGISTRAR'S SIGNATURE [illegible] 249
25. FUNERAL DIRECTOR'S SIGNATURE Germanwardt Co ADDRESS Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

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

12-50-305

S. D. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

DEC

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John H. Herman

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.