

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2013

0782
1

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 7

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 township) OR TOWN <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u> 0782	
c. LENGTH OF STAY (in this place) <u>6</u> yrs.		d. STREET ADDRESS (If rural, give location) <u>1508 Vest Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1508 Vest Ave.</u>			
3. NAME OF DECEASED a. (First) <u>Jackey</u>		b. (Middle) _____ c. (Last) <u>Deloney</u>	
4. DATE OF DEATH <u>February 2, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 7, 1944</u>
9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR <u>0</u> Months <u>0</u> Days	IF UNDER 4 HRS. <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grade School</u>	11. BIRTHPLACE (State or foreign country) <u>Caruthersville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>X</u>
13a. FATHER'S NAME <u>Jack Deloney</u>	13b. MOTHER'S MAIDEN NAME <u>Ernestine Whitaker</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack Deloney</u> ADDRESS <u>Caruthersville, MO. 1508 Vest Ave.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned up in house fire</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u> <u>01</u> <u>16</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) - (COUNTY) (STATE) <u>Caruthersville, Pemiscot, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 2, 1951 7:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Home Burned up</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Remis G. Padon</u> 3 (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Wardell, Mo.</u>	23c. DATE SIGNED <u>2-2-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb 3, 1951</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Wicko</u> 247	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home 808 Ward Ave. Caruthersville, Mo.</u>	

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

2-51-40

S. B. Beecher, M. D.,
Pettis County Health Department,
Caruthersville, Missouri

FEB 7 1940

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. *Body was not embalmed.*

Signed *W. Denver Pike*

Signed _____
Student Embalmer

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, 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.