S. No. 300
v. 10.48

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13463

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Little Prairie Township
c. LENGTH OF STAY (In this place): /
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: Ark
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits write RURAL and give township): Blytheville 8030
d. STREET ADDRESS (If rural, give location): 212 Birch St

3. NAME OF DECEASED (Type or Print): a. (First) JOE b. (Middle) c. (Last) DOWING Jr

4. DATE OF DEATH (Month) (Day) (Year): April 29 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 26 1925
9. AGE (In years last birthday): 25 Months: 5 Days: 3 If under 1 year: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work, doing during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: that metal
11. BIRTHPLACE (State or foreign country): Amorel Ark
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Joe Downing
13b. MOTHER'S MAIDEN NAME: Emma Jones
14. NAME OF HUSBAND OR WIFE: Lillie Downing
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.: 432-22-3128
17. INFORMANT'S SIGNATURE OR NAME: Joe Downing
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed skull — INTERVAL BETWEEN ONSET AND DEATH: 4/1/51

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.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Little Prairie Pemiscot Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-30-51 8 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

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* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: James A. Osburn (Degree or title): Coroner
23b. ADDRESS: Wardell, Mo.
23c. DATE SIGNED: 5-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/29/51
24c. NAME OF CEMETERY OR CREMATORY: Maple Grove
24d. LOCATION (City, town, or county) (State): Blytheville Ark
DATE REC'D BY LOCAL REG.: 5-8-51
REGISTRAR'S SIGNATURE: Jessie B. Wells
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Coff Funeral Home Blytheville Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

5-51-126

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

MAY 14 1951

MAY 11 1951

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.....

Licensed Embalmer No. 3122

P. O. Address .....

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.