

No. 300
10.48

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9337

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 17

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, write RURAL and give township) OR TOWN Rural Little Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little Prairie 0780	
c. LENGTH OF STAY (In this place) 2 yrs		d. STREET ADDRESS (If rural, give location) Route 1 Caruthersville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route 1 Caruthersville			

3. NAME OF DECEASED (Type or Print) a. (First) Eddie b. (Middle) Buril c. (Last) Staggs			4. DATE OF DEATH (Month) (Day) (Year) Mar 21 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 16, 1903	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Wayne County, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Silas Staggs	13b. MOTHER'S MAIDEN NAME Martha Pope	14. NAME OF HUSBAND OR WIFE Ruby Lee Skaggs
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Beatrice Brewer East Prairie, Mo.	ADDRESS.
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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) Killed in tornado		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) farm home	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) Caruthersville, Pemiscot, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-21-52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tornado

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 **8:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE James H. Dehuin (Degree or title) Courier	23b. ADDRESS Wardell, Mo	23c. DATE SIGNED 3-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/24/52	24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	24d. LOCATION (City, town, or county) (State) Caruthersville Mo.
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DATE REC'D BY LOCAL REG. 3-31-1952	REGISTRAR'S SIGNATURE Fessie B. Wick	25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith ADDRESS Fun'l Home Caruthersville, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

780

4-52-93

Rec. APR 4 1952

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

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 *Robert A. Grant*
Licensed Embalmer No. *4732*

P. O. Address *Carruthersville, 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.