No. 300
10-46

0670

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

FILED NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39518

BIRTH NO. 77818 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyatt-rural 2 mi east
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD#3 Charleston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyatt-rural 2 mi east 0670
d. STREET ADDRESS (If rural, give location): RFD#3 Charleston

3. NAME OF DECEASED (Type or Print)
a. (First): Melon
b. (Middle): (none)
c. (Last): Fairo

4. DATE OF DEATH (Month) (Day) (Year): 10-31-52

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: 10-30-1952
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 1; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: infant
11. BIRTHPLACE (City and State or Foreign Country): Wyatt-rural 2 mi east
12. CITIZEN OF WHAT COUNTRY?: x

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Rosie Lee Fairo
14. NAME OF HUSBAND OR WIFE: x infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): infant
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: infant
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: [illegible]

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) NO DOCTOR ATTENDED AT BIRTH, BABY MORE THAN LIKELY DIED OF:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) UNKNOWN NATURAL CAUSES
DUE TO (c) No physician-midwife attended.

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7955
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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* AS CORONER ONLY, *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): Coroner
23b. ADDRESS: Charleston, Mo.
23c. DATE SIGNED: 11-1-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-1-1952
24c. NAME OF CEMETERY OR CREMATORY: Rush Ridge Cemetery
24d. LOCATION (City, town, or county) (State): 3 mi East Wyatt, Mo.

DATE REC'D BY LOCAL REG.: 11-7-52
REGISTRAR'S SIGNATURE: [signature] 480
25. FUNERAL DIRECTOR'S SIGNATURE: Private
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1952

RECEIVED
Miss. Co. Health Dept
County File No.
Date Filed NOV 14 1952

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 Not Embalmed

Licensed Embalmer No. .....

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.