

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8195
6

State File No.

BIRTH **FILED MAR 30 1954** REG. DIST. NO. **103** PRIMARY REG. DIST. NO. **5412** Registrar's No.

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hornersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural --	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Senath Route #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION In Car Enroute to Doctor			

3. NAME OF DECEASED (Type or Print)	a. (First) LARRY	b. (Middle) WAYNE	c. (Last) NOTES	4. DATE OF DEATH (Month) (Day) (Year) March 15, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 14, 1944	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Grade School	11. BIRTHPLACE (City and State or Foreign Country) / Union County, Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME J. E. Notes	13b. MOTHER'S MAIDEN NAME Lillie Fair	14. NAME OF HUSBAND OR WIFE
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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 J. E. Notes	ADDRESS Senath, Mo. Rt. #1
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Traumatism by fall		
	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. E9026 45			

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.) Hornersville School	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hornersville Dunklin Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 15, 1954 12AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from playground slide.
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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 2:00p.m., from the causes and on the date stated above.

23a. SIGNATURE Quinton Tarver, Coroner, Dunklin County	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED 3/16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/17/54	24c. NAME OF CEMETERY OR CREMATORY New Albany cemetery	24d. LOCATION (City, town, or county) (State) New Albany Mississippi
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DATE REC'D BY LOCAL REG. 3/21/54	REGISTRAR'S SIGNATURE Bertha Kinschling	25. FUNERAL DIRECTOR'S SIGNATURE Emerson & Son F.H.	ADDRESS Jonesboro, Ark.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
350
3

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-29-54

COUNTY FILE NUMBER 354-76

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. 895

P. O. Address Jonesboro, Ark.

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.