

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9558

FILED MAR 16 1954

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 54

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| 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>Mississippi</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti Rural</u> | | c. LENGTH OF STAY (in this place) <u>5 mo.</u> | c. CITY OR TOWN <u>Charleston</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) | |

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|--|---------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jim</u> | b. (Middle) <u>(None)</u> | c. (Last) <u>Smith</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1954</u> |
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|-----------------------|----------------------------------|---|---|--|---------------------------|-------------------------|---------------------------|-------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Year of 1881</u> | 9. AGE (in years last birthday) <u>73</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 1 HRS. Min. |
|-----------------------|----------------------------------|---|---|--|---------------------------|-------------------------|---------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hornbeak, Tennessee</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>No record</u> | 13b. MOTHER'S MAIDEN NAME <u>No record</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Lexie Ashley, R#1, Obion, Tennessee</u> | 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 <u>1 mo.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Senility</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Sept 15, 1952, to Feb 23, 1954, that I last saw the deceased alive on Feb 22, 1954, and that death occurred at 9:00 AM., from the causes and on the date stated above.

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|---|-------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>J. B. Beecher M.D.</u> | 23b. ADDRESS <u>Southwestern</u> | 23c. DATE SIGNED <u>2-23-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u> | 24b. DATE <u>2-24-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Hornbeak, Tennessee</u> |
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|--|--|------|---|---|
| DATE REC'D BY LOCAL REG. <u>3-10-54</u> | REGISTRAR'S SIGNATURE <u>John W. German</u> | 406- | 2. FUNERAL DIRECTOR'S SIGNATURE <u>John F. ...</u> | ADDRESS <u>THE MUNNLEE FUNERAL CHAPEL, Charleston, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

3-52-54

DEMOGOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.
MAR 13 1954

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.....
Signature of Student Embalmer

Signed.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.