

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12846**

0742

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

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Peru</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Peru</u>			
b. CITY OR TOWN <u>Cantharville</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>		c. CITY OR TOWN <u>Cantharville</u>		0782	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>206 East 13th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>J.</u>		c. (Last) <u>STRAUGHTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1954</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>unknown</u>	9. AGE (in years, months, days) <u>about 39 years</u>		10. UNDER 1 mos. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mozelle Straughter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-30-5382</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mozelle Straughter</u> ADDRESS <u>Cantharville</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion</u>		II. OTHER SIGNIFICANT CONDITIONS <u>fall on pavement</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Blow to chin causing him to</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cantharville Peru Missouri</u>		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 <u>2:00 A</u> m., from the causes and on the date stated above.	
21d. TIME OF INJURY <u>4-4-54 2:00 A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Fight with Mack Johnson</u>			
23. SIGNATURE (Degree or title) <u>John St. German Coronor</u>			23b. ADDRESS <u>Hwy 270</u>			23c. DATE SIGNED <u>4-5-54</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Bridge</u>		24d. LOCATION (City, town, or county) (State) <u>Cantharville Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-17-1954</u>		REGISTRAR'S SIGNATURE <u>Fressie B. Wilkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge Lumber Co. Cantharville Mo</u> ADDRESS _____			

85-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

APR 24 1954

MAY 4 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 .....  
Student Embalmer

Signed Charles E. Mung

Licensed Embalmer No. 48577

P. O. Address Caruthersville

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.