

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36971

BIRTH NO. 12 REG. DIST. NO. 153 PRIMARY REG. DIST. NO. 4175 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HORNERSVILLE Rte 1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CLAY</u> <u>0350</u>	
c. LENGTH OF STAY (In this place) <u>6 wks</u>		d. STREET ADDRESS (If rural, give location) <u>2 MILES N. of HVILLE (COTTON PLANT)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MILES NORTH of HVILLE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CALVIN</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>SIDES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>10-1-1937</u>
9. AGE (In years last birthday) <u>17</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMMON LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COTTON FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HORNERSVILLE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>CLARENCE SIDES</u>		13b. MOTHER'S MAIDEN NAME <u>LELA SANDERS</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lela Sides</u>		ADDRESS <u>HORNERSVILLE, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Fracture of Skull</u> 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. <u>E8124</u> <u>25</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road 1</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cotton Plant Dunklin 35 Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 10, 1954 5:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by Car.</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>5:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Registrar or Title) <u>Quinton Tarver</u>		23b. ADDRESS <u>Kennett, Mo.</u>	
23c. DATE SIGNED <u>11-13-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HORNER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>HORNERSVILLE, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>11-20-54</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinschling</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>EMERSON - SON</u>	ADDRESS <u>Lawrence, Ark.</u>

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 12-2-54
COUNTY FILE NUMBER 1254-31

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 James J. Emerson

Licensed Embalmer No. 895

P. O. Address Jonesboro, Durke

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.