

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41897

State File No.

780
3

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

FILED JAN 10 1955

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5907 Registrar's No. 9

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 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>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Little Prairie</u> | | c. LENGTH OF STAY (In this place) c. CITY OR TOWN <u>0720, Matthews</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1st. Curve on Highway 61 South of C.ville.</u> | | e. STREET ADDRESS (If rural, give location) <u>Route 2 1/2 Horseshoe Farms</u> | |
| 3. NAME OF DECEASED a. (First) <u>Bennie</u> b. (Middle) <u>X</u> c. (Last) <u>Seahorn</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30 1954</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>January 9, 1904</u> |
| 9. AGE (In years last birthday) <u>50</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. 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 <u>Yard Man</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Osceola, Arkansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Tim Seahorn</u> | 13b. MOTHER'S MAIDEN NAME <u>Sallie Elliot</u> | 14. NAME OF HUSBAND OR WIFE <u>X</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Seahorn</u> ADDRESS <u>1200 S. Lake Blytheville Arkansas</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>Automobile Wreck.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>severed trachea</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>EBIC 26</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, farm, factory, street, office bldg., etc.) <u>at Highway South Little Prairie Pemiscot Mo.</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>078</u> (COUNTY) _____ (STATE) _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-30-54</u> m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Car wreck Head on Collision</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 _____ P.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>John W. German, Coroner</u> | | 23b. ADDRESS <u>Hayti, Mo</u> | 23c. DATE SIGNED <u>12-31-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Dec. 31, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Blytheville, Arkansas</u> |
| DATE REC'D BY LOCAL REG. <u>Jan 5, 1955</u> | REGISTRAR'S SIGNATURE <u>Jessie B. Welke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>347</u> ADDRESS <u>Caston Funeral Home Blytheville, Ark.</u> | |

1-6-55

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 7 1955

JAN 12 1955

JAN 27 1955

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 *W. Denver Duke*

Licensed Embalmer No. *44*

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