

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34218

State File No.

FILED NOV 7 1955

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>86</u>		
1. PLACE OF DEATH a. COUNTY <u>Demiseot</u>				2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseot</u>				
b. CITY OR TOWN <u>Canthersville</u>		c. LENGTH OF STAY (in place) <u>Life</u>		c. CITY OR TOWN <u>Canthersville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				f. STREET ADDRESS (If rural, give location) <u>305 E. 15th St.</u>				
3. NAME OF DECEASED a. (First) <u>Joe</u> b. (Middle) <u>Henry</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20, 1955</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>Aug 7, 1954</u>		
9. AGE (In years last birthday) <u>1</u>		if UNDER 1 YEAR Months <u>2</u> Days <u>13</u>		if UNDER 2 HRS. Hours <u>1</u> Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life (if retired)) <u>Child</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Canthersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frankie Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Mae Cunningham</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes 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>Frankie Smith</u> ADDRESS <u>Canthersville 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</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) <u>9160</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>16</u>					INTERVAL BETWEEN ONSET AND DEATH	
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>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Canthersville Demiseot Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-20-55 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>Home Burned</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 H. German Coroner</u>				23b. ADDRESS <u>Hayti Mo</u>		23c. DATE SIGNED <u>10-20-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Canthersville Mo</u>		
DATE REC'D BY LOCAL REG. <u>Oct 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Jennie B. Wilke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lafayette Co Canthersville, Mo</u> ADDRESS _____				

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

11-300-55

NOV 4 1955

WEMISSCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE, PHONE 79
CARUTHERSVILLE, MO.

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

[Handwritten signature of Neal C. Dean]

Signed.....
[Handwritten signature of Neal C. Dean]

Licensed Embalmer No. 394

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.