

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34249

State File No.

FILED NOV 2 1955

BIRTH NO. Pem REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Pemissot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Hazlet (Rural)</u>		c. CITY OR TOWN <u>Sikeston</u>	
c. LENGTH OF STAY (in this place) <u>26 yrs.</u>		3. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 mi. S. Highway 61</u>		e. STREET ADDRESS (If rural, give location) <u>1401 Washington</u>	

3. NAME OF DECEASED (Type or Print) <u>Mollie</u>	a. (First)	b. (Middle)	c. (Last) <u>Warfield</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 29, 1926</u>	9. AGE (Years) (Months) (Days) (Hours) (Min.) <u>29 7 25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Crawford Flournoy</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie</u>	14. NAME OF HUSBAND OR WIFE <u>Sam Warfield</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Warfield</u>	ADDRESS <u>Sikeston, Mo</u>
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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		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES		DUE TO (b) <u>Auto mobile Wreck</u>	
DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. INCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>61 Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hazlet Pemissot Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 24 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>Car - wreck - Wreck - Burned</u>
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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 7:55 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>Hazlet, Mo.</u>	23c. DATE SIGNED <u>10-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Returned to 10-25-55</u>	24b. DATE <u>10-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Cal. Cemetery</u>	24d. LOCATION (City and State) <u>Sikeston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-26-55</u>	REGISTRAR'S SIGNATURE <u>John H. German 4065</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Sparks</u>	ADDRESS <u>Sikeston Mo</u>
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WRITE PLAINLY—USING UNBRANDING BLACK INK—MAKE A PERMANENT RECORD

10-298-55

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Missouri

Pemisscot

OCT 31 1955

NOV

PEMISSCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 9 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 *Frank Sparks*.....

Licensed Embalmer No. *345*

P. O. Address *Capri Springs*

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.