FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2210
STATE FILE NUMBER

Registration District No. 272 Primary Registration District No. 3907 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Pemiscot	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Steele Cooter — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Steele — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Lloyd Middle Thomas Last
4. DATE OF DEATH: Month 1 Day 2 Year 57
5. SEX: M
6. COLOR OR RACE: Col
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-18-1904
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 3 Days 4 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labour
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): unknown
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 381-01-2044
17. INFORMANT: Samuel Connor Address: Steele Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shot gun wound - Region of left pelvic
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Loss of Blood
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 981X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Shot in fight
20c. TIME OF INJURY: Hour a. m. p. m. 12:05 AM Month, Day, Year 1-2-57
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Farm Home
20f. CITY, TOWN, OR LOCATION: R.1 Steele, COUNTY: Pemiscot, STATE: Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 12:05 a. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): James A. Osburn, Coroner
22b. ADDRESS: Wardell, Mo
22c. DATE SIGNED: 1-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-4-57
23c. NAME OF CEMETERY OR CREMATORY: Holly Grove
23d. LOCATION (City, town, or county) (State): Steele Mo
24. FUNERAL DIRECTOR: Germon Undt Co. ADDRESS: Steele Mo
25. DATE RECD. BY LOCAL REG.: 1-15-57
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

800 -56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

249-0

1-26-57

JAN 21 1957

PEMISCOT 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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed John Th. Herman

Licensed Embalmer No. 4 3

P. O. Address Hayti, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.